



PHD

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**DECISION MAKING IN THE
MANAGEMENT ADVISORY SERVICE TO THE NATIONAL HEALTH SERVICE**

Submitted by
Derek Mowbray
for the Degree of PhD at the University of Bath

1991

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December 1991

Summary

This thesis argues that my decision making is influenced by emotion and a need to maintain and preserve professional self-esteem. I derive the positive judgements to maintain my professional self-esteem not exclusively from my clients and professional colleagues, but from my father. I challenge my father to reject me in a similar manner to his rejection of my brother, and through the processes of challenge derive the judgements to maintain my professional self-esteem. The process of discovery include the analysis of my decision making using introspection and with reference to the umbrella theory of symbolic interaction, emphasising power, status, emotion and self-esteem, as applied to my situation.

I am the Director of a small management consultancy, established in 1982. In 1986, when the data for this thesis was collected, important decisions about the future of the organisation were being made. These amounted to decisions to establish this consultancy as an independent fee earning service working exclusively in the National Health Service.

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CHAPTER 1

Introduction

There is some reason for believing that decision making in organisations has more to it than the rational, bureaucratic and political bargaining processes which have influenced research in this field for a number of years (Allison, 1971; McGrew and Wilson, 1982). Organisations are social inventions; they exist as a means of bringing people together in the pursuit of aims and goals. They are owned, designed and managed by people. As such, they are dynamic, needing to respond to internal and external pressures. They are fluid and are active as well as reactive. They may even be likened to the biological life cycle of man (Kimberly, Miles and Associates, 1981 p.2) with a beginning, middle and end.

It is people within organisations who make decisions, be they informal organisations (such as a dinner party) or more formal (such as a hospital).

This thesis is about the decision making processes of myself. I am a leader of a relatively small organisation (a turnover in 1989 of £500,000) employing 13 people. My interest as a leader is to manage my organisation as well as provide a professional service to my clients. I started my organisation in 1982. I have remained its leader ever since. My organisation provides an education and consultancy service to the National Health Service. Of its 13 employees four provide secretarial and support services to the remaining nine consultants. In 1986, when the data for this

research was obtained, the organisation, called the Management Advisory Service (MAS) to the National Health Service (NHS), was smaller; it employed, then, 5 consultants and 3 secretaries.

This thesis is about the decision making process of a leader who established and continues to run an organisation. It is an area of academic and practical interest. "When leaders talk of the experience of leadership they talk far more about the role of that person, far more about duties and responsibilities than about the maelstrom of feelings, fantasies, ambitions, conflicts, guilt and joys that are always in the picture ... They give us a job description and not a personal experience. They talk about the importance and pressures of decisions as if they were engaged in the chess game, and there are some similarities, but they neglect to mention or are ignorant of the phenomenology of the chess player - how he experiences the game, how the experience changes within the game, how it changes over longer periods of time, and what keeps him going and why he sometimes stops" (Sarason, 1972 p.185).

An Overview Of Decisions And Decision Making

The word decision is frequently used as part of our everyday language. In domestic life we talk about our decisions to go on holiday and the choice of locality. We hear that organisations take decisions to bring out a new product, close a factory or take over

another organisation. Governments take decisions about the budget, about the form and topic of new legislation, about foreign relations.

People make decisions. People in organisations make decisions and people in politics and government make decisions. In making their decisions an individual will be influenced by the economic and social environment in which domestic decisions may be made; the same individual will be influenced by the organisational environment when making organisational decisions, and the political environment when making political or governmental decisions.

There is a general consensus that decisions are positive actions about choice. Some are concerned to ensure that decisions are about "real choices" - choices about ends and choices about means to those ends (MacKenzie, 1975 p.16). Others are concerned about the relationship between choice and action - intermediate and ultimate action (Levin, 1972).

All commentators appear concerned about the study of choices between alternatives in a complex world. The study of decisions covers the major disciplines. For example, in economics, choices are being made on prices, jobs, outputs, buying and selling. Social science is concerned with explaining the social influences on choice - the need to explain and make intelligible a social world in which

decisions form an ordinary everyday activity. Psychology is concerned about the choice an individual makes in the complex world and how the individual may influence or be influenced by his/her environment in making a choice.

However, the study of decisions is incomplete without a study of non-decisions. To a greater or lesser extent decisions are "visible". They impact on someone other than the decision maker, although the force of this impact will vary, and sometimes it may be difficult to establish who else is affected by a decision. Being "visible" also means that the topic for a decision has been actively "selected". There are many topics where decisions may not be taken. These may be topics which are deliberately avoided in favour of decisions which the maker wishes to ensure are made. The leaving out from an agenda certain topics may smooth the decision making parts of other items. This is a more manipulative feature in decision making than, say, irrelevant decision making topics. Sometimes non-decisions may be taken as though automatically, simply through the conditioning of people not to take certain decisions because experience has shown the futility of doing so, or a previous decision is taken as a basic assumption upon which other decisions are made. Similarly, short-cut decisions may be covertly taken (sometimes known as decision-space) as they have been taken many times before, and the process of repeating them wastes time. (McGrew and Wilson, 1982 p.5-6).

In this thesis it may seem difficult to establish what the "real" choice is which leads to a decision. My everyday decision making involves routine actions, many of which appear intuitive and not necessarily the result of having to consider a choice. This thesis is more about the process and activities where one event combined with another may lead to an action.

From this it may be construed that decisions are of differing types, have differing degrees of impact and influence, and have differing time frames. They are, clearly, made in different circumstances, many of which possess the characteristic of uncertainty and the need to act on the basis of "hunch", intuition, value judgements or emotion.

Decision Making Models - An Outline

The relevance of decision making models in this thesis is ambiguous. In the main they refer to decisions as events with a conclusion - whilst my decisions are processes over time without necessarily having an identified conclusion. Nevertheless it is worth considering some models before discarding them. There are countless models and sub-models of decision making. Here I am concerned only to paint the outline.

McGrew and Wilson (1982) use as an outline for their collection of papers on decision making the work of Allison (1971). There are basically three conceptual frameworks which Allison has put forward in his analysis of the Cuban Missile Crisis of October 1962. Whilst each has limitations they each provide a basis from which to explore the processes of decision making more generally.

Allison explores the Cuban Missile Crisis from three points of view. On one hand he examines the decisions using a rational decision making model. In using this model it is a condition that certain basic assumptions are made about the precise issue being examined and the influences which guide behaviour. For a decision to be rational implies that it can be both explained and justified by relating the decision to the objective of the decision maker.

His second model is the organisational process model. In this the individual is subsumed into an organisation, which by virtue of its existence, commands a broader range of information, and thus has a greater capacity to handle the information and to calculate alternatives.

Other characteristics of the organisation is that it will not possess a single set of objectives or goals, and decisions within the organisation will be influenced by procedures and routines which collectively preserve the organisation against uncertainty.

The third model is the governmental (bureaucratic) politics model. Underlying this model is the view that individuals, groups, organisations and nations have self-defined interests to protect. When faced with a decision problem, participants focus on those aspects which they see as affecting their parochial interests.

Allison argues that most analysts explain the behaviour of Governments in terms of the rational model, whereas he believes improved explanations and predictions can be made by using his other models as well.

Hall (1980, p.41) observes that Allison's models are derived from different schools of thinking. Allison's rational model is basically an economic model, whilst the other two rely more heavily on sociology and social psychology (model 2) and psychology (model 3). Hall further observes that in each model the actors are behaving rationally, but that in each situation the concept of rational action is perceived differently. In the rational model decisions may be mathematically determined in relation to objectives. In the organisational model different people at different levels will influence decisions according to their perceptions of the problem, and in the governmental (bureaucratic) politics model individuals will perceive their purpose is to protect their own interests in preserving power and influence.

Jabes (1978, p.53) describes the rational decision making model as containing six elements:

- "a) Faced with a given problem,
- b) a rational man first clarifies his goals, values or objectives and then ranks, or otherwise orders them in his mind,
- c) he then lists all important possible ways of achieving his goals,
- d) and investigates all the important consequences that would follow from each of the alternative policies,
- e) at which point he is in a position to compare consequences of each policy with goals,
- f) and so choose the policy with consequences most closely matching his goals."

In my experience this sequence of decision making is most commonly used in the appraisal of options, and is the approach adopted most frequently by the MAS in its assignments within the NHS. More broadly the approach is used in an explanatory and normative manner when applied to economic issues where the main purpose is to maximise potential resources or maximise output or achievement.

Clearly, the model has limitation and in the real world can only be effectively used when a problem is defined and sufficient information is available to construct rational alternatives, in

terms of choices, or solutions or decisions. It is, therefore, not perceived by me as a particularly useful decision making framework for the routine of everyday domestic, organisational and micro political decisions within the MAS.

Variations of the rational model clearly exist. They are basically a softening of the absolute requirement to maximise the output. The economic term of satisficing is a softer interpretation of maximising, and affords recognition of the limitations on information and the absolute certainty of a rational result or decision.

Lindblom (1979, p.125), for example, has described the application of the rational model in circumstances where the problem is not clearly defined at the outset, and where pre-existing policies constrain the choices and where a decision does not imply the need for fundamental change or re-consideration of the status quo. His model of "muddling through" or "disjointed incrementalism" has a more practical tone in that he observes that a considerable amount of decision making is concerned with the margins of problems and not the whole problem.

There are many aspects to decision making which the rational model omits. Put simply, the model ignores the influences of the environment, the values, attitudes and emotions of individuals,

communities and organisations, and is an approach which may be seen to be too narrow for most purposes and for my purposes.

In applying the model to the appraisal of options, as used by MAS, attempts are made to account for the environment and values by defining benefit criteria against which choices are judged. This is a less "pure" approach to the use of the model, but is an attempt at applying the model in a more practical and reality based situation; for example, the decision to keep a hospital open or closed.

Fundamentally, the model assumes that man is rational. The evidence for this is slim. Man is a function of himself and his environment, neither of which can be entirely accounted for through rational examination of the kind I have been describing.

Even the softer interpretations of the rational model as suggested by, amongst others, Lindblom (1979) have themselves been commented upon as being conservative, focusing on short term change possibilities, reinforces inertia, anti-innovative, and costly. It seems to me, however, that one chooses the model of decision making according to the purpose in mind, and that any criticism of a model arises from its inappropriate application, not necessarily because of its inherent limitations. The rational model may, therefore, be inappropriate in viewing decision making in dynamic circumstances.

To me the key to understanding the organisation decision making model lies in the understanding that organisations exist for different purposes and that their construction lies along the line between a pure primary and pure secondary organisational concept.

The primary organisation is one where the people in it have personal goals, which are the same as that of the organisation. A secondary organisation is one in which the people in it have personal goals unrelated to the goals of the organisation. There are multiple variations between the two. (Mowbray, MSc Thesis 1975).

In the literature the general approach to organisational decision making is based on a descriptive and analytical picture of organisations whose members as a body necessarily value goals in policy making which are either indifferent to the organisations purposes or are hostile to them. On this point alone, the relevance of the model to the MAS is limited. The MAS has characteristics, as an organisation, which places it closer to the concept of a primary organisation. Most of its members have expressed personal goals which are close to the goals of the organisation. It is the means of achieving these goals which produces variation in thinking.

However, the literature raises interesting matters concerning the decisions within organisations which appear to me to warrant serious attention.

There is, for example, a belief that the organisational process itself fundamentally changes the nature of decisions which come from organisations rather than individuals. There is an assumption in this that, given all things being equal, organisations and individuals will come to different decisions in similar circumstances.

Steinbruner (1974, p.144) accounts for this by turning to social psychology. He postulates that there are different levels of decision making in organisations and that each has an influence on each other. He suggests that those at the lower levels are programmed to make limited decisions within defined parameters. The higher levels of the organisation respond to the lower levels limited examination of issues and are influenced by them.

Personal Aspirations And Involvement

The personal aspirations of those working in an organisation will also have an influence on decision making. These aspirations can be almost anything imaginable including the misuse of information, the desire to build up power, the desire to increase a bureaucracy, the desire to protect oneself, the desire to subvert.

Steinbruner's approach to the analysis of organisational decision making has a significant appeal and relevance to this thesis. He

uses cognitive theory as the basis for explanation and argues that cognitive thinking is useful in the collective level of explanation because the principles are assumed to hold across the idiosyncratic features of men and cultures. Stable features of the mind and of organisational settings should produce coherent, recurring patterns of behaviour in the organisational decision process, other things being equal. This raises the question about the characteristics of organisational settings which affect cognitive operations.

His definition of organisational settings include the natural information channels, the background of personnel and level of organisational hierarchy at which various decision procedures operate.

He describes three models of thinking which influence decisions in organisations: grooved thinking which occurs as a means of maintaining organisational routine which occurs at an organisational level where the range of problems is narrow; uncommitted thinking which occurs at the apex of the organisation and is undertaken by those who are less involved in the detail of the organisation by virtue of the multitude of conflicting information channels and the high amount of workload; and theoretical thinking which is characterised by a highly developed belief system, aggressive thinking, and an extensive pattern of meaning of immediate events

which connect concrete alternatives to an extensive pattern of calculations about the environment.

The particular interest of the cognitive theorist is in the way in which the extensive generalised belief system of the theoretical thinker comes about.

It is social psychological approach to organisational decision making which has particular relevance to this thesis, and which will be explored more deeply in the study of my decisions.

Decision making has so far been explained either as a result of rational evaluation of choices, or the product of organisational procedure and process. The government (bureaucratic) politics model uses the concepts of politics, interpreted as the use of power, influence and personal interest.

A fundamental component of this model is that decision making is considered an activity in which there are conflicting interests at stake, as well as conflicting perceptions of the substance of the problems which require decision. In resolving the conflict of interest the participants will bring to bear the relative resources of power, influence and negotiating skills and in consequence the outcome or decision is the result of a complex bargaining process.

In this model there is the concept of the elite and non-elite groups. The elite grasp power and wish to retain it. They are, therefore, in a position to control the decision making agenda. It is here that the concept of the non-decision has importance. The omission of items for decision may have equal significance as the items included on an agenda. By controlling an agenda the elite may mobilise bias in the topics upon which decisions are made, thus retaining power.

There are aspects of this model which have relevance to this thesis. The processes of negotiation and the analysis of roles in negotiation are important components of my own decision making. However, the application of the model to my decisions becomes ambiguous due to the political nature of decisions to which this model applies. External (to the MAS) political influences clearly exist for some aspects of MAS decision making, namely those decisions concerning the future of MAS itself, whilst other decisions are taken by me in relation to the internal management of MAS and its projects.

These models all have their limitation. To understand my decision making processes more fully I need to explore the details of the experience which I have undergone, and to get behind the more formal structural approach to decision making.

As a leader, who has created an organisation, it may be suggested that certain qualifying dimensions to my decision making may be appropriate.

My Position As A Leader

These qualifying dimensions may relate to my personality as a leader. "Choosing a leader is obviously a crucial process and one in which personality and contextual factors fatefully begin to interact" (Sarason, 1972 p.47).

In The Executive Mind (Srivastva and Associates, 1984) other dimensions are raised. "Much of the holistic research and knowledge in the field (of decision making) has emphasised both the primary and secondary mental processes in understanding executive behaviour. The primary processes involving exploration of feelings, affect and subjective states have led to the understanding of beliefs, values, attitudes, mental states, symbols, emotions and a whole range of topics not easily dealt with through the arguments of rationality. Whilst this emphasis has opened up new avenues of inquiry the studies of secondary processes such as decision making, learning styles, problem solving and leadership have enhanced knowledge by establishing causal connection among sets of variables in an attempt to explain executive behaviour" (p.X.)

These dimensions of a leader need further exploration. Formal decision making models do not allow within them the opportunity to explore them easily. (There is intuition and emotion in decision making, described by Simon (1989) as non-rational decisions (intuition) and irrational decisions (emotion) (p.23). Rowan (1986) goes further and states (p.84) "intuition is knowledge gained without rational thought". Averill (1980) has described one aspect of emotion as passions which are basically responses beyond self control.)

But there are other dimensions as well. Leaders, according to Srivastva p.2, are engaged in the function of envisioning - creating in ones mind an image of the desired future organisational state that can serve as a guide to interim strategies, decisions and behaviour. Whilst it is most unlikely that all leaders display these characteristics, but where this might apply such envisioning (p.3) is apparently invested with my own ego, and therefore, is carefully devised by me (according to Srivastva) to be successful.

Leaders of organisations which continue to be owned and influenced most significantly by the leader are thought to be entrepreneurial (p.5) and use their sensory receptors as basic resources for understanding the environment (p.6). Mintzberg and Waters (1984) suggest that the leader has a strategy which is a personal vision of the brain (p.164) and that in his entrepreneurial mode he "leaps

forward in the face of uncertainty" (p.63). Clearly, not all leaders will possess these features.

The Argument Of This Thesis

As a leader of my organisation the decisions I make may well be conditioned by the dimensions described by others. What this thesis argues is that my decisions are heavily influenced and motivated by my emotions and the need to preserve my professional self-esteem.

The construction of this argument commences with an overview of myself, then the context for the argument (namely the Management Advisory Service and its development from a grant supported experiment to an independent consultancy to the National Health Service). After this I present the theory of symbolic interactionism and the methodology for the research. I then take a selection of decisions and analyse the processes involved.

The stepping stones in this argument are:

- o the identification of me which includes a background of family involvement with me, the emergence of self-esteem through positive judgements at home, school, university. The creation in me of goals and values associated with serving and being committed to others.

- o the emergence of professional esteem from my observations of my father and the status and professional esteem bestowed on him by others, the positive judgements of myself in my early career, augmented and reinforced by my career in my middle twenties to middle thirties, culminating in my appointment as Director of the Management Advisory Service at the age of thirty-five. The emergence, during the period of my self-awareness as innovator and strategic thinker.
- o the status bestowed on me by my peers following my appointment as Director; my strategy for trying to ensure the MAS is a success.
- o the process of transition between being a grant supported organisation to being an independent trust, a process requiring confidence in me on the part of those who 'own' MAS, and are its clients.

This latter stepping stone is examined in some detail. Within it is the argument that my daily actions are conducted within a strategic framework to bring MAS to a state of independence, and through this process I preserve my professional self-esteem. However, the audience from whom I seek professional self-esteem does not

exclusively contain my professional colleagues. I argue that the most significant audience from whom I seek positive judgements is my father.

Theory And Method

The theoretical framework which I use for the purpose of exploring these influences is symbolic interactionism. I also use qualitative research methodology as the means of gathering my data and examining it.

CHAPTER 2

The Context For This Thesis

Myself

I shall start this analysis of myself by presenting my values and beliefs as part of the attempt at understanding my perspective on events and situations.

Sikula (1971, p.282-3) describes the importance of values and value systems: they are important for at least three reasons. First, the information an individual gains as a result of an encounter with one object should apply to other objects in that category. This means that an individual can make a reference about this relationship to an object without directly encountering the object that the individual conceives to be in the same category or class. Second, such categories provide individuals with expectations about these objects that they believe to be members of the same categories. Thus values can direct perception and behaviour by causing an individual to notice certain characteristics of an object and to react to the object on the basis of those characteristics. Third, after a person develops a system of values, this individual now opens up channels of choice along which he is able to move. Without such a system of values in which to store information, an individual cannot effectively develop a differentiated repertoire of responses ... Thus a system of values contributes a ready made format for future thinking and behavioural exposures. A system of values, accordingly, serves as a frame of reference.

This research is about my decision making, in the context of an organisation which I established on the initiative of others. I created the organisation, although the general objectives and direction for the organisation had already been set. The National Health Service, in 1986, was characterised by change in its management arrangements moving from management by function and professional discipline to management by General Managers with individual responsibility and accountability of others regardless of their professional interests. The NHS retained its member structure with Regional and District Health Authorities in England. In 1986 the NHS still retained an atmosphere of being protected against the harsh realities of the commercial world, despite suffering the fate of most health care systems in the developed world, of being under resourced for the expectations and demands being placed on it.

The management of the NHS from 1970 to 1986 formed a basic component of my own experience. The absence, until the early 1980's, of a management tradition, of the kind found within the commercial world, also formed a substantial part of my experience. I was an administrator for the eleven years prior to my becoming Director of MAS, and an administrator does not have the same levels of responsibility and accountability which a General Manager in the post 1982 era possesses, a point I am not going to argue here.

In my background is a lifetime concerned with patient care. My parents were medical practitioners; my mother a General Practitioner mainly during the Second World War, and my father a specialist in General Medicine practising throughout my childhood through to my time at St Thomas' District in London (1974 - 1982) where I was district administrator for a time. My father maintained his association with the health service until 1985 as a Secretary of State nominee member of the Northern Regional Health Authority (an unusual position for a medical practitioner who would normally be a medical nominee or an nominee of a University). Even after my appointment as Director of MAS, therefore, my family remained associated with the NHS, and I had, what amounted to, privileged information at the political level of the service. My father's influence was greatest in his general philosophy and approach to being a doctor. Despite my obvious biased opinion, my father was regarded as being a brilliant practitioner particularly as a diagnostician, who specialised in diabetes in pregnant women and cardiac medicine. His whole approach to patients was one of a servant with specialist knowledge, who literally took over the care of his patients from the moment they were referred to him. No patient was too much trouble, with a result that he was seldom at home, nearly always at hospital. As a child, and even later, I was a regular visitor to his hospitals, although never sat in on a consultation. I picked up his whole approach to leadership during

this time, and it was a style which embraced the skills of all his team before he would take a decision.

As mentioned before, my father was also engaged in the politics of the NHS, first as a member of his Hospital Management Committee, later as a member of the Regional Hospital Board later Regional Health Authority. He was also responsible for preparing the aborted plans for a medical school in Durham, and was a member of the Committee which designed the Nucleus Hospitals. It was virtually impossible for me not to be influenced by all these factors.

My brother, however, was influenced in a different way by all these activities. Five years older than myself, he qualified as a doctor in the same medical school as our parents, and achieved the prestigious medical appointments that my father achieved before him. This, however, had the effect of creating a competition between my brother and my father, my brother being more concerned with creating his own life without being under the influence of his father. This ultimately led to my brother emigrating to Canada, to practice in a system of health care which, by contrast to the NHS, is overtly commercial. My brother was in general practice for a number of years, but has recently become a specialist in Gerontology following a major illness. I was, therefore, exposed to a contrasting approach to medical care, one based on commercial considerations; the other

being based on professional service, without the commercial overlay.

These influences established in me some of my guiding values. Being financially secure as a child and later, I had little concern to forge a career to make money. My interest was to provide some kind of service to people. This coloured my attitude towards my career, in that I was more interested in gaining a wide range of experience than to climb a career ladder.

Another major contributing experience was attending a boarding school. It was during this period that I developed my own approaches to managing other people. My time as a captain of a sport, prefect, head of house and second head of school placed me in positions of responsibility for other people's welfare.

However, the experience which mainly equipped me for my role as Director of MAS probably originates in my health service career prior to this appointment. I had worked with some successful administrators, and I had been given opportunities which few had been given previously. As a Graduate National Trainee I had been on a management training course at Manchester Business School, had undertaken two higher degrees by research, and had been given assignments of some influence such as assessing patients attributes of daily living following the Ely Hospital Inquiry in Cardiff, an inquiry into the treatment of mentally handicapped patients - a

national scandal of its time. As a trainee I was also assigned to the whole range of health services to observe and participate, ranging from being a porter to attending and assisting a surgeon in the removal of a brain tumour.

Also as a National Trainee I was appointed to a Secretary of State Fellowship in Wales to assist in the implementation of the 1974 NHS reorganisation. Shortly afterwards I was appointed to establish the first Research and Intelligence Unit in Wales, in Cardiff, established to identify how information could be used effectively in the management of the health service.

In 1974 I left Wales on my appointment as King's Fund Fellow and Director, Department of Health Service Planning and Development at St Thomas' District, London. This was a new appointment, established to develop community based health care, and the fellowship was to identify researchable issues in health care delivery, and to implement the results of health services research. For this purpose I was also appointed as honorary lecturer in the academic Department of Community Medicine, St Thomas' Hospital Medical School. These appointments were at senior management level, at director level.

(It was during this period with the Department of Community Medicine that I seriously began challenging the efficacy and effectiveness of some medical and clinical interventions, and became concerned at the

amount of health care being provided which has little or no demonstrable value. This interest continues to this day with an MAS Trust Workshop in November 1991 examining the Assessment of Technology, which explored the whole field of evaluation of health care).

My next appointment was to manage the district, and retain my academic position. I subsequently became District Administrator at a time when Health Service Commissioners were appointed in place of the health authority, in order to reduce the level of expenditure in the district.

Reducing expenditure on health care produced in me a major dilemma. It became obvious early in this role that to cut health services was easy, but the ramifications were horrendous. It can take years to build up a service, to make it effective and successful, and a day to destroy it. I was not interested in destroying anything, and this dilemma forced me to consider alternative ways of delivering health care at less expense. I had to achieve this task whilst preserving the good will of all the staff. I managed to achieve all that was expected of me. My reward was my removal from the post of District Administrator, to make way for someone older, an experience which caused me great distress.

I have described my experiences in some detail as they shed some light on myself.

It may be assumed that my behaviour should be consistent with my values and beliefs, and that some insight can be established about my decision making process by taking account of my values and beliefs. Certainly it may be assumed that my own attitudes and values will spill over into the attitudes and values of the MAS.

Sarason (1972) in 'The Creation of Settings' explores the causes behind the creation of settings. He sets out his reasons (p.5) why a critical analysis of the causes for new settings is important - "First, they (new settings) reflect the more general feeling that things are out of whack and in ways which make contemplation of the future more like an experience of a nightmare than that of a wish fulfilling fantasy. Second, they attempt to cut through to the basic assumptions which seem to govern thinking Third through some magical means it becomes possible quickly to change the values of all people in our society so that a re-ordering of priorities becomes possible and the building of a new society becomes the order of the day".

On page 6 he goes on - "Beyond values the creation of settings involves substantial knowledge, a historical stance, a realistic

time perspective, vehicles of criticism, and the necessity for and the evils of leadership".

There is a close and intimate connection between me and the MAS as an organisation. I established the MAS in 1982, and my influence on its development has been central. There is little doubt that the creation of the MAS was partly to make a better world of health care. My own attitude about improving care for patients is reflected in the mission statement for MAS - "to improve patient care through improved management". Equally, I could not conceive of a method of creating the MAS without having a substantial knowledge of the environment in which the MAS operates, an understanding of the MAS in a historical context, nor an appreciation of the time necessary to enable MAS to succeed.

Conclusion

My personal and professional background contain many aspects where other people's judgements on me have been favourable, and where a secure and involved family background have had a major influence, as Lauer and Handel (1977) suggest.

From being at school, where I achieved high esteem by virtue of the position I held, through my early career introducing and setting up new services and gaining distinguished appointments, to my career in

the late 1970s and early 1980s as one of the youngest District Administrators, I was receiving supportive judgements about my professional abilities which created high professional self-esteem for me. My appointment as Director of MAS reinforced this. At the age of 35 years I had effectively reached the top of my career having secured a high profile post in the aftermath of significant upheaval in the health service. My problem was to ensure that I could maintain receiving positive judgements in a post which was passing professional judgements on others.

The Management Advisory Service

The Management Advisory Service (MAS), of which I am Director, is an organisation working within the National Health Service (NHS). Its main purpose is to provide advice to health authorities and boards on any managerial matter with the expectation that improvements in management will lead to improved patient care.

The concept of an internal consultancy emerged from changes taking place within the NHS since 1945. Many, if not most, of these changes have been in response to inherent conflicts in the NHS. These include the conflicting ideologies of the professions and the bureaucracy, where the professions (particularly the medical profession) are concerned with the care and treatment of the

individual, whilst the bureaucracy is concerned with the care and treatment of populations within finite resources.

Another conflict is that of the power sought by the politicians to control and be answerable to Parliament for the NHS, and the powers sought by health authorities and their managers to manage health care services without interference. It is this second conflict (the centre/periphery struggle) which has most influenced the emergence of the MAS.

I present the history and development of MAS in Appendix A.

Briefly, the MAS was established following the publication of the Government's response to the Royal Commission on the Health Service - Patients First, in 1979, (HMSO 1979). In this response it was proposed that a small group of people form a team to monitor the health service. Three experiments in how a small group might function were mounted in the early 1980s. One experiment was funded by the Department of Health, established from scratch and covered the Oxford and South Western Regions.

I was appointed Director of this team, and this experiment, after national and international advertisement.

The experiment was overseen by a Supervisory Board to which I reported.

In 1985 the MAS experiment came to an end. Between 1985 and 1987 I was concerned to bring MAS from a position of being grant supported by the Department of Health to being completely independent but remaining within the NHS. This thesis covers a critical period in the progress towards independence.

The relevance of this background to my argument concerning self-esteem is in

- o the significance of the MAS trials in the history of the NHS. MAS trials, at one stage, were seen as being important in monitoring the NHS. Select Committees of Parliament had these trials on their agenda for 12-24 months. Being associated, in an intimate way, with these trials was important to me, and judgements about my abilities reflected the significance of the trials at the time.
- o the appointment of Director, after national and international advertisement. To have secured the post of Director after such exposure and potential competition was an important positive judgement about my

professional capacities. Apart from the array of distinguished people who applied for the post, I was successful, in the interview, in a competition with two former managers with whom I worked. One of these had already gained national prominence as a 'monitor' of health services with his work on performance indicators in health care.

- o the evaluations. I received significant personal credit for the conduct of my trial from the Brunel evaluation (1984), and from the study by Tom Evans (1985), (see Appendix A). This was important to me because of my respect for those involved in the evaluations, particularly Tom Evans. In my view the MAS experiment was complex for the reason that an internal consultancy offers advice from peers to peers, a relationship which requires confidence of both parties to enable the peer receiving advice not to adopt a defensive posture. To have conducted a trial for a number of years where defensive postures were not in evidence in one region was recognised by the Brunel evaluation as a significant achievement. The Oxford Region exhibited significant defensive postures, many of which pre-dated the MAS trials.

These matters fed my confidence in myself, and produced positive professional judgements about my abilities, from people who are not close to me personally. I respond to these judgements in that they reinforce in me a belief that what I am doing, professionally, is 'correct' and significant in the provision of health care.

My Role - The Official Role

The Oxford and South Western experiment of the Management Advisory Service adopted a model of an independent team of individuals selected from any health care related discipline who would advise the MAS Supervisory Board on issues affecting the management of health authorities in the Oxford and South Western Regions. The team was to be lead by a Director, who would be responsible to the Supervisory Board. The remit for the Director and the team was to fulfil the objectives set by the Supervisory Board and agreed by it on 10th July 1981: "To establish and operate for a two year period starting 1st April 1982, a structure to assist Health Authorities to monitor subjects concerning the management practice and performance within the Oxford and South Western Regions. The Supervisory Board and its supporting team, whilst part of the NHS, will act independently of Health Service Authorities. Its activities will be complementary to the normal and proper monitoring responsibilities of the Authorities in the two Regions. The Supervisory Board will agree a number of subjects for study and, if possible, use

systematically collected information for this purpose. The exercise will set out to compare performance and highlight deviations with the intention of promoting good practice and stimulating change if and when inefficient practice is identified".

At the same meeting the overall objectives were qualified as follows:

"To help improve the efficiency of the delivery of health care throughout the two Regions by:

- a) Using the resources of the Regions to provide an adequate data base for a limited number of service studies.
- b) Using the data base to compare practices throughout the two regions.
- c) Raising questions on practices with local DMT's (District Management Teams) on the basis of comparisons.
- d) Alerting the responsible management authorities to possible need for change.

- e) Reporting of any significant problems raised which seemed unlikely, for whatever reason, to be solved within a reasonable period.
- f) Disseminating good practices identified through the studies.
- g) And promulgating and encouraging the development and adoption of those techniques of monitoring and management audit which prove successful, while the pilot exercise is in progress.

The Appointment Of Director

The Supervisory Board also considered at the same meeting the qualities of the Director they wished to attract to achieve the objectives. These were:

- a) A knowledge of the NHS such that he might quickly appraise situations before him.
- b) A knowledge of information systems and how they might be used.

- c) Ability to argue his corner and put over concepts convincingly to senior management in the service including clinicians (and, at their invitation, members of authorities) thus encouraging the growing confidence between the MAS and the NHS itself.
- d) Ability to look objectively at existing situations across a wide front.
- e) Needs to be able to relate to all kinds of specialist advice available within the two Regions (eg Regional Personnel Officer on Industrial Relations advice to smooth the introduction of new working arrangements under consideration).
- f) Sufficient natural authority to be able to achieve results and ability to harness knowledge picked up from health authorities and elsewhere.
- g) Analytical and numerate.
- h) Preferably young - with good chance of success, preferably from within the two RHAs.

The post was to be remunerated in the band equivalent to Regional Administrator, and the post was advertised nationally and internationally, to people within and outside the NHS.

At a meeting of the Supervisory Board held on 26th January 1982 it was reported under minute 3/82 that 75 enquiries followed the advertisement for the post of Director and that 35 applications had been received. From these four candidates had been shortlisted, a former Regional Administrator, a consultant with a commercial management consultancy, a former district administrator, and a deputy district administrator.

My Role As Director

I was appointed as Director, and took up my post on 4th May 1982. In advance of taking up the post I was required to make myself known to various health authorities in the two regions, and to attend meetings of the Supervisory Board.

My Strategy

My personal strategy was to produce a successful outcome of the experiment so that the MAS would become an independent organisation within the NHS and survive for longer than the 2 year experimental period. The first meeting of the Supervisory Board to which I was

invited was held on 17th March 1982. For this meeting I had prepared three papers: Outline Programme for MAS, Core Composition of MAS team and Introducing the MAS. In the paper MAS/1/82 I set out the main objectives as I perceived them, in the context of a limited timetable for the experiment. I restricted the objectives to:

Regional and District planning

Significant management issues

Districts monitoring their own performance

Utilising the research resources within the
two regions.

Each of these objectives were qualified in terms of what I perceived as being achievable within two years.

In paper MAS/3/82 I outlined my plans for members of the MAS team. I proposed three staff in addition to myself - a post with skills in data analysis, management and planning; a post with financial skills, and a post of office manager librarian and secretary. I also proposed that other team members might be recruited, but that no post should be permanent. I had no overall structure in mind. The MAS team would be formed of high quality field workers backed up by the high quality office management and support. Both sides to MAS were to have equal importance.

At the meeting of the Supervisory Board held on 17th March 1982, these papers were discussed, and it became clear that the Board was interested in some short studies with an immediate "pay off" to demonstrate that the MAS was functioning. They reversed the order of objectives, placing "significant management issues" ahead of the planning matters. Apart from this amendment (which was symbolic) the papers I prepared were approved.

Throughout this period, between March and May 26th, the next Board meeting, I was concerned with completing my work at St. Thomas' Hospital in London, and setting up the MAS. The establishment of the MAS entailed everything from ordering equipment, negotiating office accommodation within the headquarters of Cheltenham and District Health Authority, identifying and appointing staff, talking to Trade Unions about the appointment processes, and negotiating the administrative procedures by which the MAS was to operate. There was also a significant professional press interest which needed to be accommodated.

The Hurdles To Overcome

The establishment of the MAS presented a number of hurdles to overcome. The limited period and the nature of the experiment required some new procedures to be established for ordering supplies, paying expenses, and appointing staff. Health authorities

are governed by Standing Orders and Standing Financial Instructions which set out precisely rates of expenses, and ordering procedures, usually requiring tenders. The procedures are time consuming and extremely irritating to operate. They are not constructed for a semi-independent organisation with very limited time to accomplish its task. Negotiating a variation in these procedures required extensive discussion with other regional health authorities, DHSS and the district health authority, together with Trade Union representatives. In the end I merely proceeded in my own way. Realising that my problems would need to be sorted out by someone else if the experiment was to get off the ground. By 4th May 1982, I had headhunted one member of the team and appointed him without permission, and placed him on a grade for which I had no authority. I also appointed a secretary, by legitimate means, and had unpacked my desk and put it together and placed it in an office. I was in business, whilst everyone else was screaming!

The budget for the MAS was £180,000 per annum. This budget was administered in the first instance by the Oxford Regional Health Authority. As this authority was not interested in the experiment, and was incredibly slow in all its transactions with me, I transferred the responsibility for the MAS administration to the South Western Regional Health Authority. The same happened over staff appointments. The contractual arrangements were supposed to be handled by the Oxford Regional Health Authority, but they proved

so bureaucratic and slow that I transferred this to the South Western Regional Health Authority as well. The South Western Regional Health Authority had a policy of delegation, which meant that the entire budget was delegated to the Cheltenham and District Health Authority along with the staffing arrangements. I was in control of all these matters by the 26th May 1982.

During the same period I was visiting as many health authorities in the two regions as possible. I was also agreeing with the members of the two regional team of officers the first study topics, and these were: a review of trauma and orthopaedics; waiting list management; and capital planning processes. There was a timetable set for these reviews which was for their completion by September 1982.

At the meeting of the Board held on 26th May 1982 I was able to report progress on the appointment of staff and the topics to be studied. The bulk of the meeting, however, was taken over for the consideration of the evaluation of the MAS by Professor Maurice Kogan from Brunel University. There was considerable reluctance at having an evaluation, as it was thought that this would interfere in the experiment, and overload the health authorities with MAS related matters, producing a negative effect.

My Approach To The Experiment

The approach which I adopted to the experiment is now discussed. Earlier some hurdles were identified which I concluded would influence the success or failure of the experiment. They are repeated here:

- a) ambiguous objectives;
- b) multiple expectations;
- c) role of the MAS;
- d) short term political aim;
- e) interference in the legitimate function of health authorities;
- f) use of data;
- g) short timetable.

The Strategies For Change

To overcome these hurdles it was necessary to be clear about the strategy which the MAS was to adopt. From the outset I was determined that a strategy of conviction would be the strategy of change to be adopted. This decision alone indicated that I was not planning within a simple two year time frame, but was considering the long term viability of the MAS. Three matters come to mind when considering the strategy of conviction. The first is that such a strategy depends on the ability to demonstrate the truth in so far

as it can be demonstrated, either by using data or information from other people's work. The second matter is that the strategy is effective over the long term. For organisations to change using this strategy requires them to assimilate the information or advice, and to use the information at a time when the organisational climate is appropriate to make changes. Convincing people of the need for change requires time, and a considerable degree of energy, both of which would be in short supply. A team of four people covering twenty one authorities using the strategy of conviction may seem an inappropriate strategy to adopt, particularly as the opposite strategy, the strategy of imposition, was one which the DHSS was using more frequently on the NHS. However, I concluded that the strategy of imposition was inappropriate. Whilst it has a short term effect, it is more appropriate for politicians to use, and they have short term expectations. I was determined that the MAS was here to stay.

The third is in relation to the complexity of the trial itself. The aim is for peers to advise peers and for that advice to result in something. I believe that my peers are more likely to respond to argument from someone they respect than to direction from someone who is not their manager.

My next decision was to adopt a 'shot gun' approach to the achievement of the MAS objectives. No single method was acceptable

to me. Thus the MAS would undertake desk reviews, reviews within authorities, write reports, disseminate results through bulletins and mount seminars and workshops.

I needed to ensure that work was completed quickly because of the two year limit to the experiment. My rule of thumb was one project per person every three months. In this way the team would produce at least twelve studies in the first year, and would, therefore, have something completed on which the evaluation of the trial could be based.

My Relationship With The Supervisory Board

My relationship with the Supervisory Board was based on similar principles which operate between the health authorities and chief officers. Essentially I was the servant of the Board, but in that capacity I was meant to provide guidance and advice to the Board and carry out its decisions. It is clear that the Board could not function without me, and I could not have functioned effectively without the Board. A close relationship between me and the Chairman of the Board was an essential component in the running of MAS. I met the Chairman, informally, every month, and this was the opportunity to discuss everything about the MAS. I found these meetings particularly helpful, as the Chairman was also the Chairman

of all Chairmen in the NHS, and some useful exchanges on national issues occurred.

My relationship with other members of the Board varied. There was no contact with other health authority Chairmen, with the exception of rare discussions with the Chairman of the South Western RHA, and these took place in relation to studies which the MAS was conducting for the region, or in relation to a conference I was organising, or in relation to a visit abroad I was planning with the Chairman.

Contact with individual members of the Board who were members of the South Western regional team of officers was good and supportive. I was invited to attend the Regional Team of Officers (RTO) meetings from time to time, and was invited by the regional administrator to attend his meetings with the district administrators. This was a useful communication link between the clients of MAS and myself, and allowed free ranging discussion to take place.

Contact with the Oxford regional team of officers was nil, resulting in virtually no communication with the region or districts, except for specific assignments.

Essentially, I was left to get on with my job, but was held to account for my actions at each Board meeting.

The MAS Management Board (Successor to MAS Supervisory Board)

Following agreement reached earlier in the year (1984) that the MAS should continue beyond the trial period, but underwritten by health authorities in the South Western Region, a Management Board was established.

The first meeting the MAS Management Board (which succeeded to Supervisory Board) took place on 8th November, 1984. It was held in shadow, as the Supervisory Board was still technically responsible for the MAS. At this meeting the Management Board received papers on the arrangements for the future of the MAS and a paper on how the MAS operates. In addition, the Board was asked to agree the Standing Financial Instructions. At the meeting there was considerable discussion about my contractual position and that of the Deputy Director, a situation which was never resolved. On one hand it was felt by the Board that the Director and Deputy Director should be provided with contracts, preferably with the South West Region. I, however, was in a good position as my former employer, West Lambeth Health Authority, had provided me with a contract for life - a very rare contract.

The style of the Management Board was a contrast to the Supervisory Board. Several members were nominated to the Board who had no interest in the MAS. One Chairman was nominated because of his

antipathy towards MAS, a feature which was to be enduring. None of the members really possessed business acumen, at least in no greater quantity than myself, and this was an inhibiting feature as conflict of what best to do commercially came into prominence.

The Balance Between Non-profit Making And Commercialism

A fine balance had to be struck between financial survival and prosperity, and not taking advantage of tax-payers' money. On one hand the MAS had been provided with underwriting to turn itself into a commercial organisation. On another hand the MAS was prohibited by the Chairmen of health authorities from charging realistic fees. On another hand I and the MAS team were adamant that the MAS should never be seen to be exploiting the NHS by charging excessive fees. It was, therefore, a very fine line which was being drawn along which I had to steer a course.

An illustration of how the balance came unstuck was at the end of the first financial year under the Management Board. At the end of this year I used some grant money (donated by health authorities) to balance books and to show viability. I was accused of using the grant money inappropriately and the Board declared that MAS was operating at a loss, and was, therefore, non viable. During the second year, therefore, I altered my tactics and spent all the grant money on equipment. The result was a genuine operating loss. In my

mind this was preferable as the money was being spent on matters which built up the assets of the MAS. Nevertheless, the overall conclusion of the Management Board was that the MAS was financially non viable. This was seen by me as a no win situation. My perception of viability related to three matters, in order of importance: the individual members of the team and the team collectively, the product and then finance. Having achieved the first two the third would, in a non restricting environment, be relatively simple to achieve.

At the meeting of the Board held on February 7th 1986 an item about the fee rates was raised. The fee rate had originally been set by the Chairman of the South Western Region. When it was clear that a higher rate should be set the Chairman of the Region stated that no fee should be increased as he had, a year previously, taken inflation into account in setting the original rate. The situation was out of my control, and appeared to be entirely out of the control of the Board and in the control of the Chairman of the Regional Health Authority, a situation which reflects itself on some of my decision making.

Progress Towards Independence

The Chairman of the MAS Board was not a well supported Chairman amongst his District Chairman colleagues. This was unhelpful in my

aim for complete independence, as District Chairmen and the Regional Chairman were those who would enable MAS to reach complete independence. The approach which I adopted to combat this problem was to ensure that the MAS team completed one exceptionally good study in one authority in the South Western Region, which was politically visible. One such study was conducted in an authority whose Chairman was a retired manager of a national retail chain store. His influence alone, amongst his Chairmen colleagues, started to change the tide for MAS, and more Chairmen began asking their chief officers their opinion about the MAS. As time went on more Chairmen were saying that the MAS was a highly professional organisation which was of great benefit to their districts. The scene was beginning to be set for the next stage in the evolution of the MAS - the formation of a Trust in 1987.

Conclusion

I was faced with some formidable hurdles as Director of MAS. However, I believed in my ability to overcome these and lead the organisation to complete independence.

This chapter covers the period from 1982 to 1987 and shows how my own credibility was both reinforced and challenged.

The reinforcement is shown by the assumption that:

- o My professional qualities matched those being sought as the Director of MAS. Some of these qualities, by any standards, are unlikely to be found, but I assume I have some of them.
- o My appointment from 30 plus applicants and a short list of four, all of whom were more senior than myself, was because I was the most appropriate person for the post.
- o My contract for life with my former employers was in recognition that I possess skills which might always be needed by them.
- o My attendance at meetings of Regional Teams of Officers might be because I have something useful to contribute to their discussions.
- o My actions in setting up the MAS quickly, making appointments of staff, cutting red tape and commencing some studies, was seen as being sensible instead of being irresponsible.

As time passed I managed to overcome most of the hurdles in the way of the MAS trial. The fact that the MAS moved to the next stage of being underwritten lends support to the fact that sufficient chairmen and managers believed the service was worth continuing, and worth underwriting. All of these matters reinforced the belief I had that I was pursuing the 'correct' course for MAS. I was receiving in the main, positive judgements about myself, in sufficient quantity for me to retain a high professional self-esteem.

CHAPTER 3

Theory of Symbolic Interactionism

I intend using the theory of Symbolic Interactionism as the umbrella framework to interpret, understand and experience my own decision making processes.

Within this umbrella, I shall be referring to ideas and processes used by others to understand decisions and other events. These are meaning, negotiation, the use of power and status, emotion and self-esteem in interaction. I shall now present each of these in turn.

Meaning

There are some key assumptions behind the theory of interactionism. One of these is that humans are basically different to animals, particularly in the use of language. Language is seen as a symbol which can be understood and shared by more than one person. Language is also seen as a cornerstone from which many other assumptions are derived. Thus, the second major assumption of the interactionists is that many of the other unique characteristics of humans are a result of our facility with language. Our general distinctiveness is in large part a result of our linguistic abilities. It is the linguistic abilities which enable communication about complex behaviour to occur, and allows individuals and organisations to function within society.

The things which are of most interest to interactionists are all dependent upon language and symbols for their development and use. Included in these things would be role-playing ability - the capacity to put oneself in the place of the other; the ability to develop self-concept - that is, the ability to have attitudes and beliefs about oneself.

The third major assumption underlying symbolic interactionism theory is that social life is necessary for the development of the characteristics which are uniquely human. Biological maturation is not enough.

A fourth assumption is that people have particular purposes or goals in mind when they interact and they act in a way they believe will lead to the achievement of those goals. In general terms, human purpose can be described as the seeking of reward and the avoidance of punishment. However, rewards and costs are not narrowly focused; rewards can include self-respect, social approval, conflict free interaction.

The actors in symbolic interactionism appear to require a high degree of awareness - awareness of themselves, their goals and how to achieve these. The actors are also aware of their environment and take account of it.

Humans are also assumed to be active as opposed to being passive. Clearly there are degrees of action, and in an interactive situation people may be seen both to react, but to react in an active, purposeful manner, seeking, for example, to achieve a goal of some kind.

A fifth assumption in this theory is that human behaviour, though variable, shows considerable consistency in similar situations, and to this extent it may be possible to establish that human behaviour is predictable.

I concluded in the introduction that the organisational process model provided a basis for further exploration, and observed that the work of Steinbruner (1974), whose approach is based on cognitive theory, the use of symbols and language, provides a platform from which more detailed theoretical examinations may be made.

In relation to my position as a leader of an organisation, Barnard (1938) argues that an organisation comes into being when certain conditions obtain - 1) there are people able and willing to communicate with each other, 2) who are also willing to do something in order, 3) to accomplish a common purpose.

Barnard describes the manager within the organisation as operating in two areas simultaneously. One area is concerned with technical

functions, and the other is concerned with maintaining the organisation as a co-operative activity. This second activity is described as executive work, and could be perceived as maintaining co-operation through various means, including persuasion and debate - "Organisation results from the modification of the actions of the individual through control and influence upon ... purposes, desires, and impulses of the moment". "Deliberate, conscious and specialised control" is the "essence of the executive function."

Mangham (1986) examines executive function through the medium of a small group of managers "meeting as an Executive one afternoon". The rationale for concentrating on this small group is to understand how managers function, based on the premise that organisations do not behave, but individuals do. Terms such as "organisation", "group" and "state" may be capable of legal distinction but so far as symbolic interactionists are concerned organisations are nothing more than a collection of individuals acting in particular kinds of settings.

The method of examination is through observing the interaction of the managers. There are methodological difficulties in this. Amongst them is the role of the researcher, and his/her position in relation to the group being observed. Another is understanding the whole context of the interaction. Barnard describes the key element of executive activity as "the sensing of the organisation as

a whole and the total situation relevant to it". It is , as Barnard notes, a matter of art or serene aesthetics, rather than logic; terms such as "feel", "judgement", "balance" and "appropriateness" are its currency, and there are methodological difficulties in capturing these elements.

My actions as a leader of an organisation are not taken in isolation. The fact that the organisation exists pre-supposes that there are people who constitute the organisation.

I was, therefore, interested in examining my decisions using a theoretical approach which would be people orientated, and one which would foster the examination of my decisions in relation to the people I was in contact with, either those who work with me as part of my organisation, who are my clients or working in my client's organisation.

An approach to examining my decisions is to analyse my experience of making decisions, through examining what actually took place using the theory of symbolic interactionism and its components, as a structured approach to the analysis.

Within this theory there are two forms of interaction:

- a) Routine interactions; Those which are familiar, where the actor (myself) has no difficulty in defining myself, and I can

define my role, and my presented role without any problem. Basically, all the information I need will be readily available, and I will know the roles of other participants; the behaviour of everyone concerned will be easily predicted, and everyone's behaviour will not stretch individuals beyond their ability to behave in a predictable way.

The process is this - noting areas (information), defining the situation, developing a plan of action, considering the consequences, possibly revising the plan as I go along, and assessing the reactions of others who go through the same process.

- b) Problematic interactions occur when it is difficult to define the situation because the areas of information suggest none of the elements in previous experience (or repertoire), or because they suggest several of them (thus giving multiple choice), a lack of consensus between the participants about the definition of the situation, an inability to act consistently with the agreed upon definition and a desire to present a false self.

I can expect to interact with others in both routine and problematic interactions. As a leader I can, perhaps, expect a greater volume of problematic interactions.

There are three questions which relate to problematic interactions:

- i) Under what situations is the problem likely to occur?
- ii) What is the range of possible solutions?
- iii) What are the factors which determine which of the possibilities will be chosen in a particular case?

The difficulties of defining the situation one is faced with can arise from multiple factors:

- a) The actor has little experience of comparable situations.
- b) The other participant(s) may be controlling the information and may have something to gain by ensuring that the actor cannot define the situation.
- c) The actor and other participant(s) may stand in multiple relation to each other.
- d) The actors and the participant(s) may not have enacted together previously.

Among the solutions, not having interacted together previously is to enter into negotiations - attempts to reach a consensus about the situation through the use of justifications, excuses and pressure.

Interactionist interest in negotiations is focused on the circumstances under which negotiations will be undertaken and a discussion of the factors which determine whether or not they will result in a working consensus.

Among the factors which are conducive to undertaking negotiations are an awareness of differences in definitions, a belief that the differences can be reduced, and motivation to achieve consensus. If negotiations are undertaken, they are most likely to be successful when there is only a small difference in the original definitions, when the participants have limited stake in their original views, when one is more powerful than the other, when the participants are persuasive in their arguments.

Leaders may provide fertile experiences for analysing decisions as there is this assumption (mentioned earlier) that leaders are more likely to experience a higher volume of problematic interactions compared to other people.

Taylor and Bogdan (1984, p.9) summarise the main theoretical premises of interactionism (taken from Blumer (1969));

interactionism places primary importance on the meanings people attach to the world around them. There are three basic premises:

- i) people act towards things, including other people, on the basis of meanings these things have for them;
- ii) meanings are social products which arise during interaction - people learn how to see the world from other people;
- iii) social actors attach meanings to situations, others, things and themselves through a process of interpretation.

The interpretation of these premises requires me to use two words "things" and "meanings" in as broad a sense as possible, mainly, as Mangham (1986, p.26) suggests because they elicit all kinds of responses, or as Taylor and Bogdan (1984, p.10) suggest, everything is perceived differently by different people.

Language is a crucial ingredient of interactionist theory. A system of symbols or a language "is the means whereby individuals can indicate to one another what their responses to objects will be, and hence what the meaning of objects are" (Mead, 1934). It is a means of being able to conceptualise and articulate and think (Mangham, 1986 p.26).

The multiple interpretation of "meanings" depends on language and its use, as well as the use of metaphors, of cues and symbols. These generally possess multiple possible interpretations whilst it is suggested that signs are less powerful as they tend to cover a single meaning or create a single response.

Symbols are seen as being extremely powerful by most authors. They are confined, for the most part, to the human race. They make it possible to think and connect with objects and events present and not present in a situation through processes including that of short circuiting which allow previous experiences to be accessed automatically. Gioia, (1986, p.50) believes that scripts are the cognitive vehicles for structuring experiential knowledge and for guiding appropriate action, whilst Cassiver, (1944, p.53) would contend that there are many possible symbols which can be used - logo, slogans, stories, action, non-actions, visual images, metaphors. He contends (p.53) as do others, that metaphorical communication is of particular importance. They provide a kind of shorthand and shape understanding and action. Mangham, (1986, p.11) suggests reality is a cliché, and quotes Morris and Burgoyne (1973) in representing six categories of metaphor (which they identified being used in management development programmes) - the analogies of building, engineering, agriculture, zoology, medicine and the military.

Cassiver, (1944, p.55) looks at understanding meaning and advances the notion that understanding can only occur if new information can in some way be related to what is known. He asks - "in what fashion is the 'already known' retained in memory?". He further asks "how do we handle the myriad of information and symbols?". On p.55 he writes "the first key to this kind of creative efficiency is to be able to interrelate the information according to some intention of similarity. Once accomplished the next critical requirement is to retain the information in the memory in a way that preserves the interrelationships among pieces of information". "That function" he suggests "is performed by cognitive framework called schema".

Understanding (p.56) occurs most readily when we can relate current experience to something already understood. The 'something already understood' is retained in human memory in schematic form.

The construction of schema is based on vignettes, and a collection of vignettes called scenes, and a collection of scenes called a script.

People (p.58) are capable of using automatic (unconscious) and controlled (intentional) processes as the situation demands - automatic if familiar, controlled if unfamiliar or problematic. These processes recall scripts, of various previous stored experiences.

Interpreting and understanding meaning may be regarded as formative (Mangham, 1986) in which meanings are selected, checked and employed through the iterative process of self-interaction. This self-conversation (p.31) takes place within man, and the processes of definition, designation, evaluation, planning and organising these actions make people uniquely self-aware.

Thus, in understanding the Blumer (1969) premises, the "things" to be identified in any given situation is the person himself or herself, and interpretation is the formative process which enables people to be self-aware.

In symbolic interactionism the emphasis is placed on understanding the actions in the situation and the meaning of the situation as a means, then, of understanding the interaction. Interaction can be defined as a series of moves 'made in the light of ones thoughts about the others thoughts about oneself' (Mangham, 1986 p.31).

This raises all kinds of potential influences which need to be considered in any interaction. They include the concept of exchange theory (p.33) 'the open secret of human exchange is the other man behaviour that is more valuable to him than it is costly to you, and get from him behaviour that is more valuable to you than it is costly to him'. The key argument being that when relationships cease to be profitable, they will be abandoned.

In interaction, imaginative participation (p.36) is held to be a fundamental human attribute which requires individuals to put oneself in the place of others through the use of imagination to predict how the other will react.

Other notions (McCall and Simmons, 1966 and 1978) include the need for actors to assess and judge others in terms of their significance for our own emerging plans of action.

There is, in all forms of interaction, the notion of image, but the main aspects of the theory which need to be considered about the actors are summarised here by Heiss, (1981, p.57).

The basic paradigm of the interactionist theory says that through the interaction process -utilising language and role taking - a set of mental structures develops which have a major influence on the behaviour of the actors in his or her future interaction. These structures, which consist of self-concept, role definition, the presented self, and the role of the presented self, represent the central concept of the theory.

a) The Concept of Self

These are the thoughts and beliefs which people have about themselves. These thoughts and beliefs may become categorised

into identities which provides a short hand definition of oneself, and into self-evaluations about how good we think we are in any given circumstance.

In any given situation the general view of ourselves may be based on a notional averaging of all our identities in different circumstances, each of which has been self-evaluated, leading to the view we hold of ourselves or our self-esteem in the circumstance we happen to be in at the time. We will also respond to the particular circumstances by applying a greater or lesser importance to our personal identity for that circumstance - we could be "up front" or "low profile" according to the situation. This has become known as the hierarchy of prominence.

b) The Concept of Role

This is the view taken by an individual of the appropriate behaviour to display in a particular situation. The role has to be flexible in each circumstance. "They are not scripts which contain lines that actors can memorise and recite. They are plot summaries which guide ad libbing."

c) The Presented Self

In interactionist situations, we often try to establish a role which we wish others to perceive of ourselves. This projection of our image or role is known as presented selves. Sometimes this image or presented self is different from our concept of ourselves or self-concept. This can be regarded as a false self.

d) The Role of the Presented Self

The generation of the false-self is a process termed impression management, and the actions we take ourselves to generate the false-self has come to be known as the role associated with the presented self.

These structures need definition for each person or actor and in each situation they are used. They are developed within each of us, starting with our use of language.

There are many texts which argue the case of how our language is developed, and whether we have innate "knowledge" which is simply matured through experience, or whether we are devoid of "knowledge" and learn from social intercourse, particularly in the early years, between ourselves and parents, for example. Subsequently, it becomes clear that experience in a multitude of different circumstances contributes to the development of the evaluation of

ourselves. We have a desire to know what others think of us, particularly in different situations, and thus experiment through the adoption of roles.

The theory of role taking postulates that we often adopt the views of others as our own because it is expedient for us to do so. We are rewarded in any numbers of ways, categorised under three headings - self-knowledge, expressive rewards/good feelings and utilitarian rewards (money, esteem of others). Rewards help in a smooth social intercourse or interaction with others, and provides us with a positive view of ourselves, a basic component in the creation of high self-esteem.

The views of others are not the only attributes to the development of a personal role. We possess personal standards and values. We tend to obtain these from other people; people whose standards and values we admire and can cope with. Sometimes it is postulated that the standards and values we espouse most strongly are those for which we receive greatest reward. Sometimes we adopt a "role model" in another person as the role that we aspire to - someone who possesses standards and values we ourselves wish to possess.

In any situation the use of our own personal standards and values and the role we perceive as necessary to adopt will be flexible dependent on the situation being encountered. This flexibility is

not infinite, however. There comes a time when our personal values and standards may prevent us from adopting a role which may be seen by others to be acceptable, and for which rewards might be offered. At this point interaction might break down.

The theory that we develop our roles through experience can be generally applied to our identities, presented selves, and the roles for our presented selves. We are exposed, throughout life, to a variety of definitions of what is a proper role for a particular set of circumstances. We receive suggestions from other people and we receive a variety of rewards. We constantly compare ourselves with others whose standards and values we admire. Self-definition or the concept of self is a product of the social and personal definitions we accumulate and judge for ourselves throughout our social interaction. These are all learned in basically the same way - by direct instruction, comparison with others and the application of previously learned standards.

Power And Status

Kemper (1978 p.26) argues that events in the social environment instigate emotions. The prediction of emotions, necessitates (according to Kemper) a theory of interaction that takes account of the full scope of relationship possibilities.

In interaction, what appears to underlie the forms of inter-personal relations are the themes of power and status (Mangham, 1986 p.67)

Power is the seeking of compliance based on coercion or the threat of coercion - "the chance of a man or a number of men to realise their own will in a communication even against the resistance of others". (Weber, 1946 p.180).

People do not usually use power unless others resist given what is wanted from them or might resist in the future. Power is a mode of social relationship in which compliance is obtained from others who do not give it willingly.

Power is one of the most popular concepts in Social Psychology (Kemper, p.371). In order to analyse power, Kemper uses the following headings:-

Intention

Power is intentional. It would be unusual for an actor in an interaction not to intend to compel the other to grant what the actor wants. Normally, this intention is accompanied by some form of coercion, and it is the actual or perceived understanding of the coercive intention which forms a basis for power.

Structure And Process

The actors in the interaction will normally have some kind of structured relationship or role relationship such as husband and wife, or in my situation, client and consultant.

The process component of power includes the behaviour which is intended to coerce, which may include punishment, sanction, hurt or some form of deprivation.

Kemper goes on (p.372) to describe manifested power. He suggests that structural power is manifested by winning in a given situation. Manifested power is manifested in two ways - noxious stimulus are the stimuli which the recipient of power would normally try and escape from or terminate - the bullet, punch, kick, slap, starvation, imprisonment and the like.

Reward deprivation is the other manifestation of power. This refers to rewards which are withheld, either rewards which are customary or those which are promised.

Manipulation is another manifestation of power. Manipulation implies deceit on the part of an actor who falsifies the perceptions of the other into believing or understanding someone's behaviour.

Whilst in reality, the actor is doing or intending something quite different.

Reward deprivation may also be blunt, such as the use of theft, or depriving people of their rights.

In all of this the recipient of power tends to feel the coerciveness of the power wielder and will ultimately succumb to the domination of power involuntarily.

Status is voluntary compliance, conferred on others because he/she wishes to comply with the others wishes. Status implies (Mangham, 1986 p.80) going along with someone because that is what one wants to do in order to show respect or agreement.

There are many aspects of status which assist in the processes of analysing voluntary compliance with another's intentions.

There is functional status (Kemper, p.377) which refers to a position which one person has in relation to another. This tends to emphasise the technical activities which one person undertakes in relation to another, for example, a teacher marking examinations of a pupil.

There is also what is referred to as 'scalar' which signifies the relationship between actors in terms of the amount of rewards, benefits and the compliance each provided to each other voluntarily.

Using the headings Kemper establishes for looking at power, there is status and intention. The intentions of actors in a relationship may be mutually understood, and the rewards provided to each other are given voluntarily and mutually satisfying but different in nature. Status and Prestige, Esteem, Liking and Authority - status also comprehends esteem and liking between the actors, and bestows prestige and authority on an actor voluntarily.

There may be some difficulties (p.33) of placing an accurate classification on acts of either power or status, but Kemper believes that such difficulties are not major. These difficulties relate to 'grey' areas between power and status, the areas where status may be used to apply an element of coercion.

Negotiations

Interactionist theory is concerned with the explanation of human behaviour by providing a framework within which we may understand the actions of ourselves in relationship to others. Essentially interactionist theory may be perceived as being, at best, a

framework which is neutral, and at worst, passive. It helps us to analyse the activities of ourselves and others.

Negotiations are a means of dealing with problematic interactions.

In general, interactionists' interest in negotiations is in the circumstances in which negotiations take place.

Interactionist theory is helpful in understanding decision making on one's own where the self is imagining the effects of a decision. It becomes difficult to draw distinctions between the interactionist theory and the negotiation paradigms where the decision making process involves more than the one individual. Much of the basis for the interactionist theory is observing how we behave either in response to or as an influence upon our environment. Negotiation paradigm appears to develop further the process by which we respond to and influence our environment, but there is much which overlaps.

The principal difference between interactionism and negotiation is that in negotiations actors are dealing with other(s) in order to effect a conclusion, whilst in interactionism alone the interaction is the focus. Thus in negotiation, the structural and negotiation context becomes a prime focus for interactionists to consider.

The paradigm has application to a number of different circumstances and the key components of the paradigm are as follows: (Strauss, 1978)

First, the negotiations themselves are described. Included in the descriptions are the accompanying interactions, types of actors, their strategies and tactics, some consequences of the negotiations, and embedded sub-processes of negotiations, for example, making trade offs, obtaining kick-backs, paying off debts, and negotiating agreements.

Second, (and of particular interest to interactionists) the structural context is described "within which" the negotiations take place. For each case of negotiation it will be necessary to bring out some of the salient contextual influences that bear on the negotiation. For example, contextual influences for covert negotiations engaged in by a corrupt judge includes features of the American judiciary system and of market places.

As implied above there is a distinction between the larger context and the negotiating context. The larger context bear directly on the negotiation context. The concept of negotiation context is analogous to the use of the term "awareness context" - "what each interacting person knows of the patient's defined status, along with his recognition of the others awareness of this own definition - it

is the context within which these people interact whilst taking cognizance of it". An awareness context surrounds and affects interaction.

According to Strauss (1978), the following are properties of any negotiating context:

- * the number of negotiators, their relative experience in negotiation and whom they represent;
- * whether the negotiations are one shot, repeated, sequential, serial, multiple or linked;
- * the relative balance of power exhibited by the respective parties in the negotiation itself;
- * the nature and respective stakes in the negotiation;
- * the visibility of the transactions to others - their overt and covert characters;
- * the number and complexity of the issues negotiated;
- * the clarity of legitimacy boundaries of the issues negotiated;

- * the options to avoiding or discontinuing negotiation; that is - the alternative modes of action perceived as available.

None of these factors reveal the individualistic approaches to negotiation. They are merely factors in the process itself which may be found in many, or all, forms of negotiation. The way in which individuals behave in a negotiating situation is different to the process. Mangham, (1986) has suggested some of the hallmarks in the negotiating situation:

- * there are divergent definitions of the situation (i.e. people see the same situation of circumstances from entirely different points of view);
- * there is the possibility of compromise (the give and take in a negotiation may result in something that was not there at the beginning);
- * those engaged operate tentatively and provisionally (each actor enters into a situation not knowing the minds of the other actors, and tries to second guess everyone else's moves, thus needs to proceed with caution);

- * there is a possibility that no imposed solution will be forthcoming

Individual style in negotiations may use various strategies of change - either the strategy of conviction or the strategy of imposition, and their sub-strategies. The strategy of conviction will either adopt the rational, empirical model or the information dissemination model, both of which have the expectation that man is purely rational. The strategy of imposition may use any number of tactics some of which may be categorised as follows: (Thomason, 1971)

persuading

manipulation

coercion

appealing to the rules

appealing to the authority.

The style of negotiations leads us back to interactionist theory, and the role of the actors in the negotiation process itself. The difference now is that negotiation, being a positive activity, is likely to develop in the actor characteristics and functions which the actor would not require if the circumstances in which the decision to be made had not a predisposed conflict in it. Thus, negotiations will tend to take place where there is a conflict of opinion where one actor, or actor as representative of a group will

wish to reach a conclusion with his arguments and position being the ones which prevail.

Coercion is seen by Strauss (1978) as a device in the negotiation process, not necessarily a process in its own right. It is seen as a limitation on the freedom of individuals who might wish to participate in negotiations. It is a device to gain power.

Another form of limitation of individual freedom to negotiate comes from the range and variety of matters which an individual, or an individual representing others, holds as being his interests. Some environments where this applies is in politics and in multi-faceted corporations where individuals have a very wide ranging set of interests. Negotiation on a single topic is, therefore, influenced by the multitude of other interests which may have a direct or indirect bearing on the topic being considered.

A still further form of constraint is to be found in the idea of normative sanctioned role relationships (Lauer and Handel, 1977). In some senses these roles exist prior to any attempt at interaction. If they do not pre-exist, then it is suggested that a form of negotiation takes place in order to arrive at a consensus between the participants. Thus negotiation takes place to establish the context within which a subsequent interaction might occur, on a consensual basis.

Recapitulation

Before moving on to review some literature on emotion, I need to draw together the various strands of my thinking so far.

My argument is that my personality, particularly my emotions and my need to preserve my self-esteem, play a significant role in my decision-making.

In order to supply the coat hooks upon which this argument might hang I have reviewed some other people's thoughts and experiences which might assist me in the argument.

I have discussed the theory of symbolic interactionism, the umbrella theory for my argument, which places emphasis on the meaning of situations, the roles of actors and how actors behave towards each other in situations. Leaders, it has been noted, are likely to experience a greater volume of problematic interactions than others, events which might suggest entering into negotiations, to effect some kind of outcome.

Although interactionists interests lie in the context of negotiations, the process of negotiation returns to the exercise of power and adoption of status, a key theme in interactionist theory. The motivations for exercising power and adoption of status will

vary, but my argument is that my motivation is largely driven by my emotions, which are very closely linked to the need to preserve my self-esteem, particularly my professional self-esteem. Power, status, emotions and self-esteem are all closely linked as motivations in influencing my decision-making, which often use the processes of negotiation, by virtue of the fact that I often encounter problematic interactions.

The final two coat hooks, therefore, are emotion and self-esteem.

Emotion

Emotional definition is complex and reaching a definition requires me to look to the factors which are common in all the theories chosen thus far.

Emotions are described in language which sometimes conveys what is meant by the emotion. We all have our own interpretation, however, of the description of anger, love, shame, embarrassment, for example. There are degrees of emotion - in describing love there are many interpretations of the depth of this emotion by different people in different circumstances. Similarly with the emotion anger, which can be fury to one person, and mildly irritating to another. There may be less qualitative distinction between people about the interpretation of shame and embarrassment, although

different people will feel these emotions differently, nevertheless individual shame and embarrassment is nearly always deeply felt.

Emotions are ascribed to humans. Although it is possible to be anthropomorphic about the love of a dog for its master, and for a dog to show signs of anger, in general the emotions are part of the human condition.

The environment may influence the expression of our emotions. Cultural differences may account for our approach to bereavement, to love and to other emotions. Because of the circumstances the expression of emotions may be suppressed, whilst in a quite different situation the suppressed emotion may be expressed dramatically.

Certain environmental situations may require us to express emotions which may be felt superficially. Other situations may dictate that deeply felt emotions should hardly be expressed.

No matter the method of expression, emotions exist within people. They are nearly always created in response to an object, and thus are a reactive activity. Emotions cause physiological changes to us, which suggests to some that emotions are mainly biologically based. Others take a different point of view, and believe that emotions are a reaction to the environment within which we live and

function. In reality, should the truth be established, emotions are likely to be a combination of external stimulus causing an instinctive emotional response which is expressed according to the cultural and social norms of the individual concerned.

Because of the variation and cultural diversity in the emotions of mankind there has developed the social constructivist view of emotion. Averill (1980) summarises this view as follows: "Traditionally, the emotions have been viewed from a biological perspective; that is, the emotions have been seen as genetically determined and relatively invariable responses. However, emotions can be viewed as social constructions. With regard to subjective experience, a person interprets his own behaviour as emotion in much the same way that an actor interprets a role with feeling. This involves not only the monitoring of behaviour but also an understanding of how the emotional role fits into the large drama written by society."

This view is an extension of the symbolic interactionist theory regarding roles and actors. I am seeking a more responsive, less calculated interpretation of the concepts of emotion. In the body of his work, however, Averill goes beyond the constructivist position by describing two distinguishing features of the concept of emotion from that of other psychological phenomena:

- a) emotion is evaluative - emotions reflect a judgement on a situation - a meaning imposed on the environment, a cognitive construction. The objective of evaluation becomes important in the criterion for distinguishing one emotion from another, or emotion from non-emotional states.
- b) emotion is something which happens to us (a passion). Passions are basically responses which are beyond self control.

It is this second characteristic which is more interesting as it takes emotion out of the arena of a calculated response in a given situation, learnt through experience, into a response which is out with the control of the individual. This is of particular interest in this thesis, as much of the observations about my own decision making describe an individual who wishes to maintain control over situations almost beyond all else. Many of my decisions appear to be calculated.

Averill describes some paradigms of emotion which may prove helpful in the analysis of emotions in decision making. Averill recognises a formal congruence between the sociological and psychological determinants of emotion, and he includes the physiological and cognitive components which mediate emotional behaviour. He describes two types of social variables which are of importance -

social norms and social defenses. Social norms refer to the demands and expectancies placed on an individual by society. Social norms may influence behaviour in either of two ways: the immediate prospect of positive and/or negative sanctions may induce compliance, and during the process of socialization, the individual may adopt as his own the relevant attitudes and beliefs of society, so that the expected behaviour becomes second nature.

Social defenses are those situations where societal norms demand an incompatible personal response (like going to war).

Personal, psychological, norms are developed through a history of conditioning and learning which are so strong that an individual cannot help but respond under given circumstances. These responses may be interpreted as passions.

If more than one source of passion is in conflict with another then inter-psychoic conflict results. Psychological defense mechanisms allow a resolution of the conflict.

In a well socialized individual, personal norms reflect social norms. and personal defenses are congruent with social defenses. Where personal and social levels do not match the resulting behaviour is liable to be labelled hysterical.

Averill uses the description to draw out two paradigms - impulsive and conflictive paradigms.

The impulsive paradigm represents straightforward desires and aversions that have become second nature that they are not regarded as self-initiated. Examples are grief, joy, hope, sexual desire, and many common fears.

The conflictive paradigm is described as two conflicting emotions, which give rise to a new impulse in order to reduce the conflict. Averill illustrates this paradigm by describing anger and romantic love. In the case of anger, the underlying conflict stems from two sets of norms, one which condemns violence and the other which calls for the retribution of perceived injustice. The conflict is resolved by a third set of norms that allow aggression to be expressed in the form of anger. In the case of romantic love, the conflict is between norms that encourage independence, self-reliance, and economic self interest, on the one hand, and unselfish commitment to spouse and children on the other. This conflict, he suggests, is resolved by falling in love, an unlikely result in my mind.

Mangham (1986, p.106) argues that the concept of an emotion which places us beyond control is not possible within the interactionist tradition. He argues that emotions are "decidedly not independent

of us". However he does concede (p.126) that greater involvement in a situation produces greater arousal "Such that I take the emotional role I am enacting to be ultimately a matter beyond my control". He concludes (p.126) that any emotion is essentially and intimately concerned with personal power and status.

Mangham argues (p.107) that sensation produced by body chemistry are not themselves emotions. They are, however, closely related to them. Any emotion is much more than its physiological manifestation. From the point of view of the interactionist (p.108) neither moods nor emotions simply happen; emotions and moods are ways of relating self to others.

The notion of investment and involvement (p.125) is an important one in understanding the development and innovation of particular patterns of emotional response.

But, there are other aspects of emotion which need to be considered. Emotion tends to be considered as a response to something, a judgement on a situation, and thus dependant on an appraisal of a given situation.

Although Averill's definition - "An emotion is a transitory social role that involves an individual appraisal of a situation, and that is interpreted as a passion rather than as an action" tends to

emphasise the passive element of emotions, it is possible to conceive a passion as a driving force for action. Whether the passion of falling in love might be a response to a situation, the feeling of love might stimulate an action to pursue the relationship.

Such action may result from a high emotional involvement in a situation. Averill draws a distinction between low involvement - the utterance of expected pleasantries in a particular situation, for example; mild involvement which can be measured by physiological arousal and high involvement when the individual is taken over by the emotion and is not longer in control of his behaviour.

Like many other aspects of human life, Averill observes that emotions are acquired through prior experiences. He, therefore, dismisses a theme that emotions are purely biological in construction, and firmly believes in the mature aspect, that emotions are constructed from experience, although degrees of emotion may be measured physiologically.

Very little has been written about the role of emotion in decision making. I was, therefore, particularly interested to read 'Making Management Decisions - The role of Intuition and Emotions' by Simon (1989). I was disappointed that the role of emotion was hardly discussed, but interested in the discussion about intuition.

Simon draws up a useful model for considering decision making - "Sometimes the term rational is applied to decision making that is consciously analytical: the term non-rational to decision making that is intuitive and judgemental and the term irrational to decision making and behaviour that responds to the emotions or that deviates from action chosen 'rationally'".

Intuition plays a significant part in decision making. Intuition draws on experience, and takes the place of a systematic analysis of a given situation, although a short cut version of analysis takes place within the processes of assessment adopted in intuition. Managers or decision makers are genuinely thought to adopt both an analytical process as well as intuition.

Emotion and intuition may have close links. An emotionally driven manager will rely on his feelings in arriving at some decisions in some circumstances. A manager driven by specialist experience will rely on his specialist experience in decision making, and his intuition will be derived from specialist experience.

Although the definition of emotion is problematic it is clear that emotional responses to situations has an influence on how people act particularly significant for those with a high involvement with the situation or event.

In the end, however, Mangham (1986, p.126) declares that as emotions are judgements about personal dignity and self-esteem, then any emotion is essentially and intimately concerned with personal power and status. Kemper (1978, p.50-67) provides a framework for structural emotions in which the interaction of power and status between myself and others may cause an emotional response. Earlier I have drawn attention to theories of emotion which include the observation that emotion may be constructed out of interaction and is a form of judgement related to an object, often about myself in relation to others or an event or action.

Kemper's framework provides some insight into the emotions response which might rise in an interaction.

In general (Mangham, 1986 p.115) the result of any interaction is that power and status have either increased, decreased or remained the same. If any of these occur, then an emotional response of some kind is likely.

Kemper's framework is as follows:-

<u>Our Power</u>	<u>Emotion</u>
Adequate power	Security
Excess power	Guilt
Insufficient Power	Fear/anxiety

Our Status

Adequate status	Happy
Excess status	Shame
	Embarrassment
	Humiliation
Insufficient status	Depression

Others Power

Adequate power	Security
Excess Power	Fear
	Anxiety
Insufficient Power	Guilt

Emotion

Others Status

Adequate status	Happy
Excess status	Shame
	Anger
Insufficient Status	Guilt
	Shame

Kemper argues these emotional responses from empirical studies, and is a crude explanation of emotional response to power and status interactions.

Self-Esteem

The focus of this thesis is myself. Within the interactionist umbrella the individual and the understanding of the individual's interaction with others is central to the interpretation of events.

Up to this point I have reviewed the theories which I have chosen to assist in presenting my argument that preserving self-esteem is a dominant influence in my decision making. Self-image and self-esteem have been presented as a description of self in symbolic interactionism.

Curiously, social psychologists do not have much to say about self-esteem in relation to decision making in organisations. Within symbolic interactionism there would appear to be an association between power, status, emotion and self-esteem, with the difference that power and status are how others perceive of oneself, emotion is a judgement on how we see others (and events) and how we would like to be seen whilst self-esteem is how one sees oneself. Power and status will contribute to high or low self-esteem depending on one's own perception of oneself in relation to power and status in any given situation.

Argyle (1967, p.194) describes a person's self-esteem "as a measure of the extent to which he approves of and accepts himself, and

regards himself as praiseworthy, either absolutely or in comparison with other".

Self-esteem and emotion are also connected. Emotion may be created by the discrepancy between how we see ourselves, and how we would like to be seen. Brigham (1991) sets out 'personal standards' (p.105), the answers to which provides us with self guides.

- o The self you would like to be (ideal self).
- o The characteristics important to others, which they would wish you to attain (ideal self - others).
- o The characteristics that you feel you ought to have in terms of sense of duty, responsibility and obligations to others.
- o The characteristics that 'important others' feel you ought to have.

The main origin of self-esteem is probably the reaction of others (Argyle, 1967 p.196). The reaction of others is greatest when we care about their opinions and respect their judgement when they are expert in the field in question, when they think they are sincere

and unbiased, when there is a consensus of such views (Rosenberg M, 1981).

The reaction of others can be established by making comparisons between oneself and others, particularly with siblings who are sufficiently similar to invite comparisons. Equally a comparison of roles might be made between oneself and, say, a solicitor, and an evaluation of the roles showing a comparison.

Cumulative self-esteem is built out of people's experiences, reflecting the list of positive and negative judgement of others. Repeated negative self judgements in particular situations will yield an overall negative view of the self, similarly a series of positive judgements will reveal positive self-esteem.

Lauer and Handel (1977) described (p.109) the ingredients which create positive self-esteem, quoting Rosenberg (1965)

- o Adolescents who reported close relationships with their fathers were much more likely to have high esteem than those who reported more distant relationship.
- o Only children have higher self-esteem than those with siblings.

- o Parental interest in children result in high esteem.

Self-esteem is how one feels about oneself. In this thesis the amount of evidence to suggest the importance of self-esteem is significant.

Self-esteem is built up over time. By virtue of the fact that self-esteem is concerning oneself, esteem relates to the many facets of an individual. Having high self-esteem may relate to only one aspect of oneself rather than the whole. To provide an illustration. Most of us have a divided life between our employment and our domestic lives. Each of these divisions are often further divided into aspects of our employment (such as our employment as managers and our ability to earn huge sums of money for a company) and aspects of our domestic life (such as being a parent and being a gardener).

In each of these divisions of our lives others are capable of making judgements about us. Whatever judgements can be made we are capable of experiencing high or low esteem. This has been described earlier as the notional averaging of all our identities to provide an overall feeling of self-esteem.

My argument in this thesis is that my desire to preserve my professional self-esteem provides an overriding driving force

behind the decisions which I take in my organisation. My professional life is only one of my identities, but a dominating one.

Conclusion

I have presented representative selections of the literature covering the theories, paradigms, and processes which I believe provide the coat hooks to hang my argument that preserving high professional self-esteem is a major influence in my decision making. I now go on to describe my methodology.

CHAPTER 4

Methodology

For a number of years I have been interested and keen to undertake some research into the processes of management in the National Health Service. This keenness stems, I believe, from a basically inquisitive personality which has, over the years, developed an interest in delving into problems, and exploring other people's ideas about their solutions. No doubt having a father who constantly challenged the efficacy of new drugs which he was repeatedly being urged to prescribe, raised in him an element of challenge to the normal accepted practices of daily living. His ability to read research articles in his professional journals, and challenge their conclusions, seemed to me to be something everyone should be able to do.

I was always hopeless at examinations. I could not repeat other people's work in answer to a question. Maybe I was unable to digest the subject matter sufficiently well to convince my examiners that I did know enough about a topic. I fear I challenged too much. I remember being soundly chastised by a English lecturer at University for delving into the motivations for Byron's poetry rather than providing a critical appraisal of them as verse!

My first exploration into recognised research came during my year trying to be a clinical psychologist. Although I found the application of psychological theories to the health of people fascinating (and I still do) I rapidly became bored when I found

myself seeing patients with similar conditions for whom behaviour modification programmes were applicable. These programmes either worked or they didn't, and it proved difficult to tell which subjects would benefit and which wouldn't. It was because of this, no doubt, that my colleague at the time (rather ambitiously I thought) embarked on a programme to alter the sexual preference of a woman, from lesbian to heterosexual. As far as I know he failed, although I had left psychology before the rather lengthy programme had been completed. I also became bored with administering psychometric tests. The degree of professional interpretation required was limited and I was soon answering the questions before my patients.

So I embarked on a piece of research comparing two types of tests for brain damage. For each patient in my test group I administered two tests, each purporting to assist in the determination of damage, and the degree of damage.

My next attempt at research was a single exercise to map out how often a ward in a hospital had empty beds, on which days, and how many beds were empty. Still further, I calculated how many patients in the ward at any time were emergency admissions, and how many were booked. I was particularly interested in whether there was a pattern to the emergency admissions, and whether it was possible to

predict their number for each day of the week. My interest in research was developing apace.

Whilst training to become a manager in Cardiff I very quickly wanted to undertake some research. It was during this period that I simultaneously completed two higher degrees by research. The first was an assessment of the prevalence and incidence of non-psychotic mental illness in a population. The second was an analysis of the use of information for decision making amongst doctors.

When I moved to London to take up a Fellowship at St. Thomas' Hospital my task was to apply the research findings of the Health Service Research Unit, a Department of Health supported research department concentrating on social medicine issues, particularly the efficiency and effectiveness of certain medical and health care interventions. My other role was to identify researchable topics which might interest the researchers in the Health Services Research Unit. Concurrently with these tasks I was also the Director of my own department in the Health Service responsible for planning and development of health services, one of the first service (as opposed to capital) planners in the NHS. Independent from my Fellowship role I was also engaged in a number of research studies - the contribution of architecture to strategic planning; the service needs of a population of 25,000, amongst other studies.

Throughout this period and ever since I have been influenced by two aspects of research. The first has been the method of the randomised controlled trial espoused by Cockrane (1972) and applied to the provision of health services as well as the effectiveness of drugs. The second has been the constant cry of the researchers in the Health Service Research Unit at St. Thomas' - "all results of research must be generaliseable". This second influence gave rise I am quite sure, to the fact that none of the research which the Unit produced in the eight years I was associated with it could be applied in practice, despite all my best efforts. The reason for this, which I constantly argued during this period, was that the application of quantitative research findings depends on the receptiveness of people and their environment, both of which are dynamic and subject to all kinds of behavioural and social influences.

Since those years my approach to research has been coloured by these two influences. My desire to undertake research into a management topic has generally been thwarted by the difficulty of identifying a topic which was amenable to the randomised controlled trial methods. Until I met my current supervisors.

They introduced me to a completely new world, the world of qualitative research. I confess that I still have severe difficulties in reconciling the qualitative research methods with

my two influences, and that somehow I am cheating, not being able to 'prove' something. But I am comforted by the statement in Human Inquiry - A Service Book of New Paradigm (Reason and Rowan, 1981 p.487) 'Give up the idea of being right'.

Qualitative research may be constantly trying to justify itself in the face of quantitative research. It is, perhaps, the inadequacies of some quantitative research which has led more people to the door of qualitative research (Miles and Huberman, 1984 p.15).

But there are problems with qualitative methods. "The most serious and central difficulty in the use of qualitative data is that methods of analysis are not well formulated the analyst faced with a bank of qualitative data has very few guidelines for protection against self-delusion How can we be sure that the finding is not, in fact, wrong?" (Miles, 1979 p.590).

The central problems, it seems to me, are all those which the randomised controlled trial method has overcome. They include the definition of the subject matter, the form of measurement, the validity of the measurement, and the robustness of the conclusions.

It is, I believe, because the form of measurement is words that many of the potential difficulties arise. Words are obtained in many ways - from conversation (obviously), from observational recording,

from participation, from tapes, from written informal and formal documents. Words are the verbal expression of social phenomena and social phenomena exist, not only in the mind but in the objective world, and that there is a reasonably stable relationship to be found covering them. The aim is to express them as precisely as possible (Miles and Huberman, 1984 p.19). It is the social phenomena which is the subject matter, which, in this thesis become refined down to various social meanings people (in this case me) attach to the world around them, either in a substantive area of enquiry such as patient care or a formal area of enquiry such as deviance or stigma (Glaser and Strauss, 1967).

Potter and Wetherell (1987) discuss the multiple complexities of using words as a tool of measurement. In the end they observe (p.160) that discourse should be approached in its own right and not as a secondary route to things beyond the text such as attitudes and events. The use of language is the focus. They also, helpfully, observe (p.168) that there is no mechanical procedure for producing findings from an archive of transcript. What is required is a search for a pattern in the data, looking for differences and consistency. Somewhat contradictory is their next step which is seeking the effects of the discourse, presumably as long as these effects are not inferred by the language but are reflected in further discourse. From this I might infer that the analytical

method allows me to adopt any approach I like, so long as I read the text and explore its meaning.

Exploring the text as a method is an approach which is repeated often in *Human Inquiry* (1981). I was struck by Judi Marshall's passion in her description of her role as a researcher (p.395) - "My job as a researcher is to be an open and receptive medium through which (this order) comes out. In trying to understand what's there, and to represent what's there in all its complexity and richness. Trying to portray what I've been given, what's been put into my custody in a way that often people will recognise because it's more human, more full of some sort of rich portrayal than just a word or a table of figures". She, in common with many analysts, may go beyond the analysis of the word to interpreting the word in the context in which it was spoken or written, but the essential message is to focus on the words and the language they convey.

Obtaining the words forms part of the qualitative methodology. Here, the standard texts say roughly the same things. Taylor and Bogdan (1984), for example, describe (p.5) qualitative research as "research that produces descriptive data: people's own written and spoken words and observable behaviour". They state that qualitative research is inductive whereby we develop concepts and understanding from patterns in the data rather than collecting data to assess pre-conceived models, hypotheses or theories. In this they echo Glaser

and Strauss (1967) whose grounded theory ideas is a suggested approach to discover theories, concepts, hypotheses and propositions directly from the data, either to discover new concepts or to build on concepts already developed.

Taylor and Bogdan (1984) p.6 suggests that the researcher looks at settings and people holistically; people, settings and groups are not reduced to variables, but are viewed as a whole. This point is further explored and is a central theme of Diesing, and appreciation of whom is made by Reason in Human Inquiry (1981). Diesing (p.183) outlines the dominant "patterns of discovery" (methods) as the experimental, the survey, the participant observation and the formal. He focuses on the holist approach and argues that the holist approach is interested in studying a "whole human system in its natural setting".

To undertake such an approach the preferred approach is the participative observation method. Diesing (p.184) suggests that holism is rooted in the belief in the primacy of its subjects, a sentiment repeated by others. He describes how the researcher prepared himself before entering the field, and somehow becomes part of the system he is studying. But as Reason and Rowan (1981) state (p.xiii) it is important for the researcher to state where one is coming from - with personal perspectives as well as references to previous work, as it may become all too easy to lose a sense of the

disinterested as participant observations requires interaction with informants, even though they empathise and identify with the people they study (Taylor and Bogdan, 1984 p.6).

Participant observation may be described (Taylor and Bogdan, 1984 p.15) as research that involves social interaction between the researcher and informants in the milieu of the clatter, during which data are systematically and unobtrusively collected. The approach is infinitely variable, but may include interviews, taping conversations, examining records. Equally, there is no clear guidance about the duration of the research, only that it should be sufficient to gain an understanding of the situation.

Validity and bias are clearly issues of some significance in qualitative research. In the main this is overcome by a regular re-visit to the data to seek inconsistencies in relation to events.

The analysis of data consists of data reduction, data display, and conclusion drawing\verification (Miles and Huberman, 1984 p.21). Data reduction is the process of selecting, focusing, simplifying, abstracting, and transforming raw data. Data display is an organised display of information that permits conclusions to be drawn. Conclusions (verification is the process) determining what things mean.

Miles and Huberman also provide ideas for collecting the data. They suggest that data collection is generally instructed (p.28) but collected within dimensions to be studied (p.28). The data may not be comprehensive but selective in accordance with the limitations of the dimensions of study (p.29). They suggest (p.33) that the researcher identifies a research question, which will facilitate ordering the analysis. In the analysis of the data the researcher may use the concept of 'bias' (p.49) (which are basically classifications of topics and events) and matrices to make connections between described events and outcomes (p.123).

They also suggest that researchers may wish to list events (p.121): "Qualitative researchers are always interested in events - what they are, when they happened and what their connections to other events might be. These events might lead to a chronology, a narrative, a story". It may also be an idea to list critical events (p.127) and a causal network (p.130) or mental map.

In this thesis the focus for the research is myself. However, it is clear from many sources that the researcher in qualitative research needs to become closely associated with the researched so that the researcher can interpret the world from the researched point of view. In this thesis the fact that I am researching myself may be perceived by qualitative researchers as a bonus, at least I should be able to describe my feelings!

Introspection

Ellis (1991) argues that the study of emotions goes beyond sociology and should embrace self-examination to establish what emotion feels like and how it is experienced by the individual.

Introspection is a method for undertaking self-examination. It is a technique which allow the examination of emotions as a product of individual perception of meaning combined with shared social perceptions of meaning. It is the link between the private world of the individual and the public world of society.

Ellis (1991, p.26) believes that introspection is an important analytical tool. However, she also says "to agree that we can know our emotions through introspection is not to counter the importance of context and behaviour in determining emotion". Introspection (p.28) is a social process as well as a psychological one. It is active thinking about one's thoughts and feelings; it emerges from social interaction; it occurs in response to bodily sensations, mental processes and external stimuli as well as affecting these same processes".

Ellis clearly takes a dim view of a more structured analysis as she concludes (p,45) "without examining the lives experience of emotion in individuals and across collectives, we are forced to talk of

spiritless, empty husks of people, who have programmed, patterned emotions, and whose feelings resemble the decision making models of rational choice. Introspection will allow us to study emotions as they are experienced without using models that have rationality built into them".

Introspection is about the conscious awareness of awareness or self-examination. Ellis contends that the process of introspection has equal legitimacy in understanding emotions and feelings as those who subscribe to other methods of viewing the world. She contends that, although there are methodological problems associated with introspection, (in that care must be taken in generalising from the particular) nevertheless valuable interpretative materials can be obtained from understanding the lived experience.

Introspection is essentially reflection, a retrospective review of an experience, in which an individual examines what he/she feels and thinks.

Ellis (p.30) categorises introspection into self and interactive introspection. For the purposes of this thesis self introspection is more relevant; interactive introspection being a shared reflection with someone else engaged in the introspection process.

I have come a long way since my quantitative research days. The idea of exploration and analysing words and events as observed by me is an exciting prospect, in many senses more interesting than analysing dead data.

However, I am not a disinterested observer, and my observations will have a bias according to my own perceptions. Nevertheless, I have attempted to overcome both bias and validity by repeatedly and exhaustively returning to my text and the events, and exploring them from different points of view.

The adoption of this method is particularly important for me. It has allowed me an opportunity to move away from the grip of quantitative research, with its difficulties of applying and implementing the results, to a method which can reflect real life as it has been lived. Because of this, I believe that the prospects of using my results are enhanced and that these are potentially applicable and implementable in the 'real world'.

My data were recorded on a tape recorder at different intervals over 72 days. These data are not recordings of conversations, but my own reflections of what I was doing, what I was thinking, and occasionally a summary of my observations for the day.

I subsequently made observations about each day, trying to tease out meanings, particularly my attitude and approach. I act as my own reporter, with me being both reporter, interpreter and analyst of my own actions and decision making processes.

The complete diary is presented in Appendix B, and I use extracts throughout the remainder of this thesis.

I have revisited these events many tens of times over the past six years. The extracts which I have used have been limited due to the required length for this thesis, not because I haven't explored the data more thoroughly.

CHAPTER 5

Analysis

This chapter sets out an analysis of my decision making. I use symbolic interactionism as the umbrella theory, but within this umbrella I use a range of approaches to the analysis, including

meaning

negotiation

power and status

emotion

self-esteem.

Out of the hundreds of decisions and decision processes taken between 1st April and 31st July 1982 I have chosen to focus on four:

- o a discussion with a firm of public relations consultants (which resulted in my commissioning them to do some work which proved to be unsatisfactory)
- o a discussion with an unhappy client (which resulted in him becoming happy!)
- o a discussion with a potential client (which did not yield any work for MAS)
- o a discussion with the MAS Chairman (which resulted in me re-writing my strategy for MAS).

My argument is that my decision making is influenced by the need to preserve professional self-esteem. In this argument I don't dismiss the alternative propositions - that my decisions follow the more traditional decision making models; that they are motivated by self-esteem derived from influences other than professional judgements; that they are motivated by wealth or material rewards; that they are taken solely as a result of interaction, or that they are influenced mainly by emotion. I regard the alternative propositions as important but subsidiary to my main influence and, therefore, of less significance.

Each of the following illustrations relate in one way or another to the MAS strategy. Either I describe an interaction which is specifically concerned with the strategy, or I am analysing decisions which influence, in some way, the implementation of the strategy.

The first illustration is a meeting, on 25th April, about publicity with a Public Relations firm, the background to which is as follows:

24th April

Overnight I had thought about the need for gradual publicity and the fact that the MAS should be writing a number of articles in advance for publication of some of its studies. There are at least four which I can think of which actually need to be written, one of which is written and needs to be submitted. We also have the question of whether to wait for discussion with the Features Editor of Health and Social Services Journal next week, or go ahead with submitting publications now. Whenever I get some of these ideas it seems to me that there is an element of extreme urgency. One should push ahead with some of the thoughts. It is also important to try and disentangle some of the ideas which actually do not get off the ground. For instance, I was thinking that whoever does a feature on the MAS should try and obtain the confidential enquiry as to how the MAS has done by comparison to other consultants in the South West. Whether this idea gets off the ground, of course, remains to be seen.

Introspection

Publicity to me is a confusing term. It raises a number of images in my mind, amongst them the idea of letting particular people know about a particular event. Publicity also means, for me, advertising

or creating an image of someone or something so that others are influenced by the image.

I am influenced in my understanding of the word by the arguments amongst the MAS team that publicity in the newspapers always biases the truth in one direction or another and that learning about the whole truth surrounding an event or situation is likely to be impossible. Publicity can be one person's projection of an event, one person's idea of what should be conveyed.

Publicity to an employee of the NHS has unfortunate connotations. No one in the NHS talks to the press, for example, unless there is an event or the service is accused of something. And, of course, to NHS employees the press does not understand the complexity of health care and trivialises serious matters. Publicity is almost always bad publicity portraying a tarnished health service.

The idea that publicity can be manipulated to create almost any image one likes only gradually crept into my understanding during my last years at St. Thomas' Hospital in London. For some unexplained reason a 'publicity campaign' accompanied the opening of a new hospital wing. It was all very jolly, with plenty of smart people around saying how luxurious the new wing was and how advanced the technology is. The reason for such an exercise escaped me. There could hardly be a commercial reason as patients would come to the

hospital anyway. Perhaps a reason lies in some kind of self congratulation, an acknowledgement of achievement by architects, builders, planners and others involved in the new hospital wing. Whatever the underlying motivation, the 'publicity campaign' was full of light hearted chatter, plenty of drink and the use of simple words like 'technology', 'state of the art', 'progressive', 'new', all of which convey quite different messages to different people.

I am also conscious of publicity in the media. Some forms of publicity are remembered, others apparently ignored. Those forms of publicity ignored by me were not ignored in reality. They were rejected. I think I have rejected the brash, obvious forms of publicity, the kind which does not suit my taste. I like to be able to think about the message being conveyed by the publicity, to establish whether or not a double entendre is intended, for example. One particular form of publicity sticks in my mind. Over the past two years, BMW have placed an advertisement in the national press on 1st April. These advertisements have been so ingenious that the reader believes what is being read until something makes the reader wonder whether this is real and then the date springs to mind and the joke becomes obvious. This kind of publicity suits my taste and challenges my sense of humour.

These thoughts influence my understanding of what I mean by publicity. Publicity should be subtle, causing the observer to

think about the message. Publicity should not be forced upon people, but something gradual - almost subliminal. The paradox in this idea is that subliminal publicity can be the most forceful and dangerous form of all, in that the victim is unaware of what is happening to him.

So, my thinking about the need for "gradual publicity" is based on the idea that MAS must not push itself forward in any unseemly manner. Part of the anxiety of publicity is that the observer will reject the message, thus rejecting MAS - the opposite of my intention. My thinking was towards a mode of publicity which would project an image of professionalism, would be subtle and would be suitably received by the audience, bearing in mind that the audience is unused to publicity and generally shuns it.

The professional image of MAS can be portrayed in the professional press. Thus came the notion of 'writing a number of articles'. Published articles somehow lends credibility to the writer and to the organisation. Those in academic life spend their life seeking to publish. There is an understanding amongst people like me that the more publications one has the greater the prestige. This understanding comes from my time as a member of the Department of Community Medicine at St. Thomas' Hospital - an academic department. Here I was urged to publish, not quite to publish anything, but to publish nevertheless. Each year a long list of publications was

produced for the 'Annual Report', itself published and distributed to other academic departments of community medicine. The currency of academic credibility may be perceived as the publication.

I thought that some of the MAS credibility would be gained in a similar way. I have had some of my work published in the past and was familiar with the process. To me the process is agony. First, trying to decide on the topic takes some thinking about. Topics which interest me may not interest anyone else. Topics which interest me may take forever to write. Second, finding the time to research and write is particularly problematic when doing a full time occupation managing and providing a professional service. Third, I cannot write easily. Unlike some professional friends who can write what they think first time, I find enormous difficulty in writing. Fourth, what I write needs the appropriate organ for publication, and these are few in health service management. Fifth, what I write might be rejected, a particularly embarrassing event which has happened many times. Sixth, I am unsure why I am writing for publication anyway. Is it for personal fame, MAS fame or some inner urge to write? I believe there must be a substantial amount of self-interest in writing for publication, some form of personal demonstration of cleverness, a desire, perhaps, to receive positive responses and recognition from a wider audience than one's immediate friends and colleagues. Maybe it is a craving for a form of respect from unknown people.

"There are at least four which I can think of ..." In my thoughts about publicity and publications, I have in my mind four topics, one of which has been written about. So, from no publications to four overnight reflects my impetuous nature, of wanting to tackle this issue in a dramatic manner. This can be conceived as overkill. Why not think of a gradual accumulation of publications rather than going for large numbers? "Whenever I get these ideas it seems to me that there is an element of extreme urgency". This urgency is a feature of my personality which dictates that an idea should be pursued immediately and with full commitment. However, I am sufficiently aware of my limitations in writing that a few cautionary phrases enter into this passage - "question of whether to wait for ... Features Editor ... or go ahead with ... publications now", and later "disentangle some of the ideas in which ... do not get off the ground", and later still "whether this idea gets off the ground, of course, remains to be seen". I am not committed enough to do the work to ensure that the publicity idea gets off the ground. It is clear that I have a preference to talk to a Features Editor rather than write articles. Similarly, I hope that whoever writes an article about MAS will back the articles with evidence of our successful working with clients.

There is a change in meaning here. At the beginning of the passage, I was concerned about publicity - "gradual publicity". I then introduce the idea of writing articles as a means of promoting

publicity for MAS. I then think about a possible article about the MAS itself, presumably about the MAS as an organisation, its staff, its work, its aspirations. There seems to me to be a jumble of ideas, none of which are clearly formulated, but each of which responds to the urgent desire for publicity. I seem to recognise this by seeking "to disentangle some of the ideas which actually do not get off the ground".

In these thoughts I seem to be struggling to understand for myself what I mean about publicity. I am the "interpreting, meaning, seeking being" trying to establish some form of order into which publicity activities might fit. I am influenced on one hand by my own experiences of publications and on the other wishing to hand publicity over to others.

I have gone into considerable details about my perceptions of publicity. These perceptions have been developed through previous interactions, at St Thomas' Hospital and in the academic department of Community Medicine in the Medical School there.

The analysis shows the multiple interpretations which I have placed on my understanding of publicity. The language I have used shows the openness of the language system and the different uses of the word 'publicity'. Publicity is discussed by me as an abstract idea, and through my discussion and thinking I am creating a new

understanding of what I mean by the word in the context of the MAS and its needs. The thinking provides me with an idea which later predisposes me in my behaviour with a public relations firm.

The different meanings of publicity emerge from my different interactions. Interacting with members of the MAS team resulted in the understanding that the media may distort the truth to present some form of bias. Interaction with the academic department of Community Medicine at St Thomas Medical School resulted in my understanding of publicity being something to do with publications and a public presentation of work. Interaction with the media whilst a manager at St Thomas' resulted in a belief that media publicity focuses on stories often not complementary.

Analysis

This passage of introspection has allowed me to 'think on paper'. A number of 'clues' to the influences on my decision making are to be found in the illustration and the introspection.

My thinking does not fit easily to the rational decision making framework. There is nothing in my introspection which hints at a systematic analysis of choice. Nor does the idea of seeking publicity emerge from the procedures and routines of the MAS, as would be suggested in the organisational process model. Self-

interest, a cornerstone of the government politics model, may have greater relevance.

Disentangling my self-interest and my organisational-interest may prove difficult. I and the MAS are intertwined; my professional life is that of the MAS; my self-interest is closely associated with the interest of MAS. The interests of MAS are my professional interests.

In this illustration I suddenly have an interest in publicity. I don't know what I mean by publicity and speculate about all the meanings I have encountered before. I am confused by what I mean, yet I know there is a need for publicity.

Publicity can be associated with self interest, self-promotion and the creation of a false self. An implication is that self-interest might motivate this sudden interest in publicity. Self-interest, in the sense of MAS-interest, is undoubtedly a significant factor, but self-interest in terms of gaining esteem for business activity, social relations, rewards of a material kind are not significant. The MAS is known only within the NHS and any local social interest is not necessarily served by my attachment to MAS.

Publicity and its connotations with creating images is also not in my mind. I want to have a survey comparing us with other

consultants. I am vacillating about waiting for a Features Editor to write an article about MAS. Neither of these responses to publicity convey an interest in creating a false image. I state that brash publicity and false images are not my taste.

I am also suspicious about the purpose of publication in case it emphasises self as opposed to organisational interest. I also wonder if publications are not a means for craving professional respect, and, therefore, attractive to me, despite my fear of rejection.

My understanding of publicity comes from my previous experience and interactions, an observation which is another significant feature of the interactionists tradition. Accumulating knowledge through interaction and through understanding the meaning of an interaction is central to understanding the meaning of things.

I also understand enough about some aspects of publicity to recognise that clients could reject the publicity message, and thereby reject MAS. The fear of rejection appears several times in my introspection - fear that MAS might be rejected; fear of rejection of professional publications, fear of having a false image.

My motivation in seeking publicity is to generate interest in the MAS market so that the services of MAS might be commissioned. The arguments presented elsewhere in this thesis suggest that financial survival is not a motivation for activating the market, nor is material reward. What comes across is my thought that MAS ought to be contributing to current (general NHS) discussion on topics appearing in the professional press. The urgency of my action can be attributed to impetuous behaviour or to a keen sense of timing. The professional press were carrying articles and features on topics which the MAS was engaged in, and I 'felt' MAS was missing opportunities, and by missing opportunities the inference is that MAS was failing to inform its constituents about its opinion on these topics.

The need to contribute to the general discussion of topics in the NHS could raise the question - why bother? An answer is that if MAS has something to say, it ought to say it. If MAS has nothing to contribute in general discussion on NHS topics then it could be failing as a quality organisation able to offer support and assistance to General Managers and others. These thoughts account for the urgency of action. It is as though a solution to a festering problem had just suggested itself, and had to be acted on immediately.

On 25th April, I arrange a meeting with a publicity firm called 'Up Front'.

The morning was spent discussing with representatives of the firm Up Front the public relations profile which the MAS needs to adopt. It is important to take the Chairman of the Board to this meeting as what I have in mind is somewhat different to the standard NHS approach to things and by having the Chairman involved in a meeting with the company concerned, at least, there is some measure of trying to provide him with confidence to support whatever initiative the MAS needs to take. This discussion with Up Front lasted until about 11.30.

Introspection

I have a mixture of feelings about this meeting. I anticipate an interesting meeting finding out about public relations, and have a sneaking suspicion that I was entering a world of smart buildings, cars, furniture and people. I also hope to be advised about what I need to do.

I am also stepping into the unknown, going beyond the relatively safe boundaries of my familiar NHS, into the commercial world. I have no idea about publicity, and I know I am vulnerable to exploitation. But I also know in my mind that using publicity

consultants is the 'right' thing to do - it will open up the possibility that health authorities may benefit from using such services, and I think we (MAS) will become better able to communicate with our clients as a result.

As the meeting unfolds, I am struck by four things. The first is the business-like approach which their leader was taking. There was no nonsense here, just plain and simple business. Some kind of hesitancy over understanding my need for 'subliminal' publicity in a public service. Apart from this, she could see no difficulty in providing a service.

The second un-nerves me. The man (husband of the business-like woman) wants to write a story on the NHS using any material which MAS can supply. The newspaper articles on the walls should have warned me, but I missed the clues. Sensational article writing is his interest, and we were to be a vehicle for him.

Third, the second woman (sister of the business-like woman) does not speak or otherwise contribute to the discussion. I find her attractive, and wonder whether her presence is decorative or practical.

Fourth, my Chairman takes a keen interest in everything, which I think unusual.

Although all the signs indicate that this firm is concerned with high profile publicity, and my interest is in discrete, 'subliminal' publicity I believe that engaging this firm to assist us is sensible. I think they know what they are talking about, and, despite being concerned about the activities of the husband, nevertheless I feel strongly that MAS should engage this firm.

Symbolic Interactionism

This meeting is a problematic interaction. I have not experienced this kind of interaction before. The problematic aspects include the topic, which I have explained as being unfamiliar, the setting (dealing with three people I had never met before), the location, the general context of interacting with business people whose motivations could be assumed to be commercial.

I have an overall sense and feeling for the occasion, but this is essentially general, focusing on the anticipation of finding out about the services, and observing how the Up Front staff behave, so that I may learn from them about how to handle a business meeting.

Definition Of The Situation

The interaction takes place in the morning in the meeting room of the offices of the publicity firm called Up Front. These offices are located in a detached Georgian House in the centre of Cheltenham. The offices are smart, clean and contained modern furniture. The decor is bright colours providing the impression of a modern office internally.

This is a meeting arranged to discuss how the public relations firm might assist MAS in my desire for publicity for MAS. The 'thing' being discussed is publicity. The meeting is initiated by myself.

I assume there are differing purposes for this meeting. Having formulated in my own mind that there is a need for publicity, I am keen to make progress and mount some kind of publicity venture. I may be vague about my understanding of publicity, but I have an understanding of various forms of publicity derived from previous experiences. I am keen to find out what is involved in engaging a publicity firm. I explore what is available as a service as well as seeking to understand what is involved.

The Chairman of the MAS Board is present at the meeting because I have invited him. I feel the need for his presence at this meeting. I am vulnerable to exploitation and his moderating presence will

both support and protect me. The Chairman and I have not, at this point, agreed the need for publicity for MAS. Another purpose of the meeting is to educate the Chairman about issues of publicity.

I assume that the three people from Up Front are present at the meeting to gain business. By arranging a meeting in their offices there is an implication that some form of business arrangement will be the result. They are present to 'sell' their services to me, whilst I am there to explore the nature of their services to establish whether they can meet the poorly formed requirements for publicity which is in my mind.

The Roles

DM

My role, as I perceive it, is to establish whether or not this firm can provide MAS with a publicity service which I think is required. I have some ideas of publicity in my mind and my role is to try and ensure that the firm understands my requirements and can translate them into a service which it could provide to MAS. I am 'pushing the boat out' in the meeting; setting the agenda for discussion, and attempting to control the conversation to ensure I come away from that meeting with the poorly formed ideas I have at the beginning as a robust set of ideas at the end.

At the time of the meeting, I have not got the agreement of anyone in MAS to spend any money on publicity. I, therefore, have no mandate to purchase the services of the publicity firm. The people from the firm do not know this. My role is to act as though I am able to purchase their service. I projected a false role in the belief that this is more appealing to the firm.

JC

I perceive the role of the Chairman of the MAS Board as support to me in my discussions with the firm. I view his role as showing that the MAS is serious in its intention about exploring the use publicity, and to support the impression I was giving that MAS is in a position to purchase the service of Up Front, should we decide to do so. By having the Chairman of the MAS Board present I am also signalling to the firm the significance of the meeting, not only to the firm but also to the MAS team who are not present.

In my mind the Chairman has other roles. As I have no mandate from the Board to spend money, I need the Chairman's agreement to commission any service which Up Front may provide. The Chairman will need to report back to the Board in a positive manner, in order to provide me with the necessary mandate to spend money on publicity.

The Chairman is also present to curb my unbridled enthusiasm. A man with a degree of common sense, he can curb my determination to pursue publicity at any cost, and bring to the meeting a mediating influence.

Up Front

I perceive the roles of the three members of Up Front are to sell us their services. They describe their services, and set out to convince us that they can supply a service which we need. The formal sister concentrates on the business aspects of the interaction; her husband explains the kind of service he could provide and the less formal sister is decorative, not contributing in the interaction.

Interpreting Other People's Roles And Behaviour

Interpreting roles and behaviour in the interaction relies on each other interpreting the language and behaviour in the interaction itself.

I have described the meeting. My first impressions of their behaviour and language is of an organisation which projects a smart appearance with a modern office. They are most welcoming and hospitable, with offers of coffee and a general showing off of the office. It is also a demonstration of how a professional,

commercial organisation operates. My experience of meetings in such circumstances and environment is limited. It is almost like a seduction, a getting to know you process, a pandering to one's personality, and a recognition of the importance of the occasion.

The fact that there are three members of the firm present (the staff of the firm excluding a secretary) also demonstrates the importance they placed on the meeting.

There is an informality about the welcome which I interpret as a means of gaining confidence, making us relaxed, showing us that there was a degree of interest in what we are there to discuss.

The more formal sister takes command of the meeting. She introduces herself and her colleagues, and shows us around their office. Her appearance and manner give me the impression of being in charge of the meeting. She places us at the meeting table, and opens the discussion. It is not possible from their behaviour and language with each other to detect that they are all related. It is only their admission of their relationship to each other that we are to know. They speak to each other in a friendly informal manner, which did not seem any different to the way in which I speak with my colleagues.

The more formal sister questions me about MAS in a question and answer session. She is trying to establish what kind of organisation MAS is. She is fact finding; taking copious notes, but not making any comment about the information I am providing. Only towards the end of the meeting does she state what Up Front is intending to offer as a service.

I respond to the questioning, imagining that the purpose of the questions is to supply her with enough material on which to base a proposal to us. My own experience of talking to clients at an initial meeting helps me to interpret her intention. They have no idea before hand whether we are genuine clients or just testing the water. By probing me in the way she is, she is trying to satisfy herself about the genuine nature of our enquiry. She is also assessing how much money we have to spend, to structure any proposal in relation to our ability to pay.

I am constantly aware of our marketing capacity for other organisations. From our point of view we find it useful to say to clients that we have access to certain services, such as publicity and can offer a service by sub-contracting work. This aspect is in the back of my mind throughout this meeting, and is a matter I later discuss with the Chairman in relation to his own Health Authority. The application of publicity to health authorities is one of my

motivating forces leading to my inviting the Chairman to this meeting.

The question and answer session is lead by the more formal sister. It enables me and the Chairman to try and explain the NHS, its purpose, organisation and culture, The information which I am offering is essential in understanding my needs. I also imagine that such information may be helpful to her if she wishes to market her services in the NHS.

She is thorough in her examination of me. It is a systematic process. She is trying to demonstrate that she understands what is being said. She asks questions for clarification. Not having worked with anyone from the NHS before, she is trying to understand my role in advising doctors and managers, and my aspirations for MAS. She understands the role of a consultancy, but, I believe, becomes lost in my interpretation of my role to influence the provision of health service rather than merely do what clients ask me to do. This more interventionalist role appears to be something which is confusing. It raises key questions about how we engage with clients, whether we force ourselves on them or are invited in. Was I, and MAS, concerned to raise clients awareness of our existence or trying 'to sell' MAS services? I am trying to do both.

I imagine that from her point of view I am not seeking something which is easy to fulfil. If it is difficult for me to articulate my needs in a simple manner, then I imagine she will have difficulties in translating my needs into practice. I adopt the view that she, and her organisation, are the experts and are capable of translating my poorly formed ideas into something viable and practical; so whilst I am able to say I want something 'low key', she is struggling to understand what I mean. The very nature of publicity is not 'low key'.

At no time, however, does she express any pessimism about being able to assist. In fact, she is encouraging, a response which stimulates me to tell her more about the MAS and NHS than might otherwise be the case. From her point of view, being encouraging has the effect of me becoming increasingly engaged in her and her organisation. She gives the impression of being able to satisfy my needs.

Her manner gives me confidence. The language which she uses is unfamiliar, and I interpret her language in the light of her interest and encouragement, not in a strict definitional way. Because she is showing interest and her own determination to understand me and my needs, I am content not to challenge the language she is using, preferring to believe that she knows what she is talking about even if I don't. In retrospect it is entirely likely that she does not understand much of what I describe as the

MAS aims, nor the complexities of the NHS, but that her aim to secure business drives her to show an understanding which may not be there. She is conducting herself in a manner appropriate to the situation.

Her husband is different. He is not engaged in a question and answer session. At the beginning I think his concern is to undertake the practical publicity work, and that he is listening, absorbing the information that is being exchanged so that he can pick up some leads to turn them into something practical.

When the question and answer session is concluded, the husband starts talking about what he does. He is confused about how a non-profit making organisation can seek publicity. He is unable to grasp the issue of 'low-key' publicity. Either MAS is a commercial business or it isn't. If it isn't then there is little purpose in publicity. This seems to me to be far too crude an interpretation of the situation.

However, throughout this meeting, I am beginning to understand that his interest of publicity is narrow. He is a journalist whose task is to sell stories.

He emphasises his references to the stories he has published, copies of which are liberally displayed on the walls of the room in which we are meeting.

This is an aspect of publicity that I am not interested in. It seems inappropriate to me and unrelated to my needs.

He expresses the value of using the media for raising the profile of MAS. It is for this reason that the conversation keeps returning to the work which MAS is doing which can form the basis for a story.

I am in no doubt that his intention is to uncover material to write stories about MAS and its work for submission to the media. I am unhappy about this, but my confidence in his wife has grown to a point that I signal acquiescence to this form of action, on the basis that they must know what they are doing.

I form an impression that this man is superficial. He hardly probes me about the message which I want conveyed in the media; he is repeatedly interested in any work of ours which has some critical outcome. He is focusing on the story aspect of our work, not on the MAS itself and what we are trying to do for patient care. My understanding of his definition of our meeting is that we may supply him with sources for stories.

I take a dislike to this man because his language and behaviour seems to be centred on his own needs, and appears to me to be superficial. I am unhappy about being associated with him.

Self

I am interested in pursuing my idea of creating greater publicity about MAS and its work than we have achieved up to this point.

I derive an excitement from pursuing things new and different to the accepted pattern, and I think commissioning a publicity firm will be something different.

I am interested in

- o the services the firm provide
- o the way in which they deal with me and the Chairman
- o the way I handle myself in this kind of situation.

I present myself as naive, eager to learn. I present my poorly formed ideas of my needs, but these are more in the nature of criteria for providing services, than an outline plan for their content.

I have multiple selves. Here I am learning, and yet am in a position of commissioning work - in other words - a client. Whilst learning I also appraise and form judgements about what I hear, and about the people talking to me. I judge the business woman favourably, and her husband unfavourably; her sister appeals physically. I am, however, pre-disposed towards a positive outcome to the interaction by virtue of my interest in trying something new and potentially exciting - such as engaging this Public Relations firm.

Information Which Is given And Given Off

My only contact with the firm prior to this meeting was in arranging the meeting. However, my imagination suggested that the firm would be 'slick', possibly superficial, interested in selling their services rather than being interested in MAS needs (although the two should overlap). I was expecting the popular image of a public relations firm to materialise in reality.

The information given off in the interaction is conflicting. The business woman shows keen interest in MAS needs, probing me with questions, trying to understand my requirements and my client environment. She sounds plausible and I grow to trust her judgement. Her husband, however, shows interest only in his needs - to write a story - and no interest in MAS. He comes across as

wanting me to supply information which may open an opportunity for him to write the type of story he is interested in.

The effect of this on me is to rely more upon the wife and her judgement. I do not wish to be confronted by the possibility that the husband may be the dominant partner in their professional relationship. To acknowledge this will be to comply with his view of publicity - a view which is inconsistent with my view of what my clients expect MAS publicity to be like.

I have a clear view of publicity which my clients expect - something discrete but imaginative. The information I receive from Up Front is that this will be difficult to provide and not necessarily within their expertise to supply. Nevertheless I am not diverted from my view that I should press ahead with commissioning them.

Negotiations

Structural Context

The structural context for this meeting is my determination to implement the MAS strategy by seeking to publicise our existence and work in a discrete manner. Such publicity is unusual in the NHS, and to me, the use of a Public Relations firm represents an

interesting innovation, which may have application to other health authorities.

Negotiating Context

This is an exploratory meeting where JC and myself intend to describe the MAS and its work with the aim of the firm suggesting to us how they could assist us.

From their point of view, we are potential clients from the public sector, who can provide information for stories, as well as leads to new clients. At the beginning of the meeting JC and I do not realise their purposes, although I have thought of the opportunities which may be created from a successful association with a Public Relations firm. These opportunities lie with the firm obtaining new clients in the NHS, the MAS gaining credit for the initiative.

Negotiators

The principal negotiators are myself and the business woman from Up Front. I regard the meeting as the first in a series of meetings which will result from a developing association.

Nature Of The Stakes

Whilst I regard the employment of a Public Relations firm as an important idea to try, I do not feel that the future of MAS will be under threat if the idea is abandoned.

On the other hand I believe in my idea and believe that many good things may arise from a successful implementation of the idea. In particular, I believe that the use of Public Relations firms may become more widespread in the NHS to the advantage of the general public, who may begin to find out what is happening with health services in their localities.

To me, there is an importance attached to the interaction, but it is not an essential event in the survival of MAS.

I perceive that Up Front staff will be keen to gain a contract with MAS. Although small in size, MAS contacts in the NHS are wide and our influence on health service issues is not completely insignificant. I imagine that we would represent a new market for Up Front which, I assess, they will be interested in penetrating. the stakes for them may be higher than for us.

Visibility Of Transactions

The meeting does not involve other members of MAS. This is my idea, and I want to pursue it without interference from my team. I know it will be contentious, employing a commercial publicity company to promote a non-profit making consultancy within an ultra conservative NHS. I do not want to deal with the MAS team on this matter.

Power And Status

Power

The interaction between the participants at this meeting all display power over each other at various points.

I display power over JC and the staff from Up Front as I am pre-disposed to using this firm and aim to control events so that my aim could be achieved. By virtue of my ability to commission work (whether or not I have a mandate to spend money) means that I am able to manipulate conversation to my aims.

JC is also exercising power in the interaction. He is in a similar position to me, being able to support the commissioning of work from the firm. His line of questioning also reveals his interest in using the firm for his own health authority and for his own

business. The threat of leaving the interaction without commissioning work is sufficient for the relationship between JC and myself, and the staff of Up Front to be established. We are in control. JC exercises power over me by virtue of his ability not to support my idea.

The business woman exercises power over her colleagues, through her position within her Company. Her colleagues defer to her, and she orchestrates the meeting. She is the principal negotiator with me. She gives an impression of domination.

Her husband exercises power in relation to myself and JC by revealing his own expertise in journalism and heavily persuading us of the value of his skills when it is clear MAS is not interested in using them. his persistence amounts to the use of power; his arguments (plausible to him) are coercing us to listen.

Status

I accord the business woman with status based on my willingness to respond to her expertise. I realise in the granting of voluntary status that I am granting power to manipulate and possibly exploit my naivety in the subject.

I also grant JC status by virtue of his position as Chairman, and his ability to fail to support my idea. This is a reluctant granting of status, but is in recognition that no alternative relationship is feasible if I am to achieve my aims.

The business woman grants her husband status. It must be clear from my responses to him that his interests and mine fail to coincide, yet his wife 'allows' him to continue to harass JC and myself with his arguments.

Emotion

There are two aspects of this interaction which cause emotion. The first is in relation to the idea of using a Public Relations firm. This is an exciting idea which I wish to pursue relentlessly. It is only the day before that I have dreamt up the idea and I am anxious to pursue it quickly.

The second is in relation to the interaction itself. According to Kemper's (1978) framework JC and myself possess adequate power in the interaction to enable us both to feel happy at the results of the interaction.

When I have to exercise power over the journalist I feel as though I am able to exercise adequate power (I don't need to make an overt

threat although the threat of withdrawal from the conversation is there) I feel secure in dealing with the journalist because of my general power over the interaction.

Emotion plays a part in the interaction

Professional Self-Esteem

My professional self-esteem is derived largely from the judgement of my professional colleagues. These colleagues are people who don't work closely with me, and are thus unable to make judgements one way or another until I have completed something.

The idea of using a public relations firm would most likely be regarded as madness by my colleagues. Certainly within the MAS team such an idea is heavily criticised on a number of counts. First, that a commercial publicity firm would project an image which MAS would not wish to project. Second, the projected image would not be accepted by clients, who would reject MAS as a result. Third, that the firm in question is unaware of the pitfalls in the NHS culture, and fourth, MAS has no money.

However, whilst I would respond to such comments from my team, my confidence in myself would be largely unaffected. I would need to respond to my close colleagues, not because I thought they were

correct in their observations (all of which are true) but because a leader should respond to colleagues.

I am much more interested in being judged by the result of the implementation of the idea, not by the process of getting there. Many of my ideas are probably silly, but those that last long enough to be implemented often bring to me plenty of positive professional judgements.

This is what was happening in this situation. I believe the idea of using the publicity firm is good. It is good because MAS needs to publicise itself more broadly and by using a commercial firm I may persuade health authorities that positive publicity is good for them and their patients. The process of implementing the idea is fraught with hurdles - difficulty in understanding my needs; their interest in scandalous stories; my lack of money to fund the idea; the poor definition of a brief.

My confidence in pursuing implementation is not challenged by the hurdles. Any sensible person would have stopped pursuing the idea. I did not stop. I believe that I will receive positive judgements about myself once the firm has done its work and colleagues in the service can see the result. My professional self-esteem comes from successes in having and implementing ideas against the odds.

This project and interaction represents one such idea. In reality the project failed after 3 months when the journalist had published a sensational piece about MAS. A case of the long sighted being unable to see the end of his nose. I felt foolish as a result.

Conclusion

This illustration demonstrates the multiple meaning arising in an interaction. Each of the main parties, me, J.C. and the team from Up Front, derived different meanings from the same interaction. Our behaviour, however, must have conveyed to Up Front our continued interest in pursuing some kind of collaboration, even though at the end of the meeting there was clearly no common understanding of what was needed, and what service MAS was going to receive.

On a logical basis I should have withdrawn interest. It is clear that their idea of publicity is different to mine. It is also clear that whoever is going to write about MAS is going to write a sensational piece of the variety I do not want. It is my determination to see my idea implemented, motivated by my desire to preserve my self-esteem in the eyes of the NHS which decides me to press ahead with engaging this firm. We eventually terminated after 3 months following the production of a sensational story about MAS.

A Meeting With An Unhappy Client

In order to fully appreciate the meeting with an unhappy client it is necessary to explain some of the background. What follows, therefore provides the context for the meeting.

20th May 1986

I received a telephone call in the morning from the General Manager of Bath Health Authority, who thought our study on catering was hopeless, and was about to withdraw from the contract, so I stalled for time knowing that if we had a chance of talking to the guy we might be able to retrieve the situation. I did not believe that the catering project was poor and so there must have been some sort of problem in communications. Anyway he has agreed to a meeting with me at some stage in the next week or so.

Introspection

This passage sets out the first warning that a client is unhappy with a study. The study was an appraisal of different forms of catering service to be provided in over 20 small hospitals dotted around Bath. The various services are conventional cooking, as would normally be found in domestic situations, using gas or electric cookers and microwave ovens. The materials are the same as for domestic situations, fresh produce as well as pre-cooked and

canned food. Frozen food can also be used on a massive scale, with the food being distributed from a central point, and re-constituted using microwave ovens. A third approach is to cook food in a central place, cool it and then distribute it for heating locally.

These approaches, and variations of them, formed the basis for the study. The question for us was - "which catering system would be most appropriate for each of the neighbourhood hospitals?" Matters of safety, staffing and cost come into the study. It is a complex study to undertake.

There are many influences placed on a study of this kind. The National Health Service, through Regional Health Authorities in England, has been exploring the application of the cook/chill form of catering. The significant implication of this approach is the ability to reduce the numbers of staff in the catering service, by centralising the cooking processes, and relying on other staff (nurses) to re-heat meals on wards. As with many national initiatives, money is available specifically to implement the idea, thus potentially biasing a study of this kind in the direction of the nationally determined solution.

The manufacturers of cooking equipment 'picked-up' on the national initiative, and are aggressively marketing their equipment, offering professional advice and discounts. Much appears in the professional

press about various items of equipment. All these matters create a certain kind of environment for the study.

People most influenced by these matters are members of health authorities. They, generally, respond to the 'potential' influences placed on them. If a national initiative is launched they often wish to gain as much as possible from it, particularly if additional sources of funds are involved. In this project some members of Bath Health Authority were chosen to sit on the Steering Group for the project, and thus become involved in the details of the project.

The general MAS stance in a situation such as this is to ignore all the external influences, and focus down on conducting as objective a study as possible. The approach to the study is typical for option appraisals conducted by MAS. It follows the process of defining the purpose of catering services in detail; identifying criteria to be used in assessing catering services; constructing an exhaustive list of options for delivering and supplying the service, eliminating some of these options by assessing them against criteria; constructing, in detail, a limited range of options; costing these and assessing them against criteria, arriving at a preferred option. We then construct an implementation programme, and draw conclusions.

However, in such an appraisal professional opinion plays an important part. In particular, opinion is required on such matters as standards to be achieved, particularly hygiene standards and safety standards. Despite research into these matters, professional opinion varies, and having a reliable source of opinion, therefore, is important. Without it, the study could become discredited.

The MAS has not undertaken a catering review before. This is a topic which appeals to no one in the team. Nevertheless, the method of conducting the study is well established, but the team needs to be augmented by an expert in the topic.

I sought some advice about an expert from the Oxford and South Western Regional General Managers who put me onto the Regional Catering Advisers. These were people I do not want on the team because they are heavily influenced by the politics surrounding the topic, and I cannot, therefore, rely on their professional judgement.

By chance, someone on the MAS team thought about the Catering School in Gloscat, our local College of Advanced Technology. I made some enquiries, and eventually agree to the appointment of the Head of the School to the MAS team. I did not take up any references for this person mainly on the grounds of an interview with him (which convinced me of his abilities) and also because his School has

gained a high reputation with many catering awards being given to students. His knowledge of his subject seems to me to be rounded, and stood up to my challenges.

The study is to be conducted on 23 neighbourhood hospitals within Bath Health Authority. These hospitals are managed by the Neighbourhood Unit of Management. The general manager at the time is someone attending the MPPS course at the School of Advanced Urban Studies, Bristol University. This is a part-time course, and at that time two members of the MAS team also attend the course. It is through this connection that MAS is approached to conduct the study. The general manager, AS, is unknown to me before the study commenced. However, I soon discover that he is a thorough general manager, with considerable energy and ideas for tackling the management problems facing his unit. He is supportive of our approach to the study, and makes all the necessary arrangements for its conduct very efficiently.

The District General Manager, AW, is a nationally known figure, who has been in charge of the management of Bath Health Authority for a number of years. He is politically astute on some matters whilst being outspoken on matters affecting the provision of health care for disadvantaged patients, such as the elderly and the mentally infirm. With regard to this study, AW, is aware of the national initiative, and is sensitive to its implications on the District.

AW is a dominating personality, in my mind, but one who commands respect. He has extensive knowledge of health care issues and is very informed on such matters. I have known AW for a number of years, and get on well with him.

It was partly because of my respect for AW that I was shocked by his telephone call to me about his opinion of the study. Unlike someone who I did not know, AW's opinion carries some immediate weight. He would also be aware that using MAS to conduct the study so early in our time as an independent organisation, is something of significance to me. Pleasing him is important to me; gaining his approval is important. In addition to gaining his personal approval, acceptance of the study result by his health authority would enhance the credibility of the MAS in the eyes of other potential clients. It is important to me that the study is a success.

Although "I did not believe the catering project was poor", I have some anxieties arising from the relationships in the project team. The catering expert from Gloscat, JA, has never done an option appraisal before. In order to off set this matter the other member of the team is MH, an experienced team member who is very thorough and very bright. I have total confidence in her abilities. She does not like JA, and she completely overawes him with her incisive intelligence. JA responds by being subservient to MH in his

behaviour and actions on the project. JA is not incisive. He vacillates from one point of view to another and is unable to provide a clearly professional opinion when one is required.

As far as I am aware the study is progressing well. By 20th May the options had been identified and all but three eliminated. There has, however, been a meeting of the Steering Group a few days before, and some of the members of the health authority on the Steering Group have raised the need to review all the options, given that resources are going to be made available for a certain form of catering service. It is possible that the concerns of some members of the Steering Group are relayed to AW and he is responding to this. So far as I am aware our client AS is happy with the study so far.

I have never received a threat of withdrawal from a study before. This is an alarming experience which raises many questions. Is the study poor? Is there a breakdown in communications between those conducting the study and the client? Are there other forces at play which would influence a decision to continue the study? Has the client run out of money? Does the client want an answer which we are not providing? Most of these questions cannot be answered at the time and I need an opportunity to examine some of these. I, therefore, "stalled for time".

It is also clear to me that my personal knowledge of AW combined with my own confidence in my abilities to argue a case verbally with the client present, suggests to me that a conversation over the telephone is not the way to influence; I had to meet AW to discuss the problems directly with him. Only in this way would I have any chance of retrieving the study - "if we had a chance of talking to the guy we might be able to retrieve the situation".

This forms the background to a meeting with AW which takes place some two weeks later on 2nd June.

Returning to the prospect of a meeting with AW at Bath to discuss the catering project. I attended this with MH and JA. I was feeling particularly awful on the 2nd June. The previous eleven days had been hell and I had travelled two and a half thousand miles for one reason or another trying to sort everything out.

I decided to go on the attack with AW (General Manager) because I felt that the study on catering was going to turn out to be an extremely good one, and there was no point in me just accepting his comments and criticisms. As the meeting turned out he accepted our observations and we were able to continue and complete the study.

In the afternoon I had a long discussion with JA and MH about the next stages in the study to make it one of the best that we have

ever done. Some attempt to try and finalise outstanding administrative matters was pretty awful but I felt much better after the meeting at Bath.

Introspection

I have not had an upset client before. This is an experience I do not like. I particularly do not like this situation because of the early months of MAS earning its own keep, and the important influence AW has on our credibility with other clients.

I have always been in awe of AW. He is much more experienced as a manager than I, and has the ability to say things in public which I wish I could say. I have known him for a number of years, although have never had any close personal friendship with him.

I think I may also be a little frightened of AW. I have a feeling that he could easily make a fool out of me, particularly with my tendency to come up with ideas which are not always sensible.

This event, therefore, is very frightening. On one hand I have some misgivings about the team undertaking the work, making MAS vulnerable to criticism, but on the other hand I am also confident that the study is being completed as thoroughly as possible.

It is this latter consideration which makes me go on the attack. I need to maintain my and MAS credibility with AW, and the only way I have ever managed this in the past is to argue my case.

Symbolic Interactionism

Definition Of The Situation

This meeting takes place in AW's office in Bath. I am accompanied by two members of the project team, MH and JA. AW attends the meeting on his own.

The situation is tense. I am being called to account for the conduct of a study which, according to my client, is not progressing well.

AW's office is spacious, and we are invited to sit around a coffee table. The atmosphere is one of tension, accompanied by enforced relaxation. The meeting commences with the customary pleasantries, which are short as everyone wishes to proceed with the business of the meeting.

Roles

DM

My role, as I saw myself, was to defend the progress of the study to this point; to restore the credibility of MAS and on no account to capitulate and have the project terminated at this time. My role was to save the project.

MH And JA

I perceive the roles of my two colleagues as witnesses to the meeting, and being available to answer any questions which I cannot answer.

AW

The role of AW is perceived by me as trying to terminate the project, and to prevent any further expenditure on the study.

Given And Given Off Information

The stated purpose for this meeting is to discuss the progress of the review. In my mind the meeting has a more definite aim than merely a review. Its aim is to terminate the study.

The atmosphere is very tense. As the meeting progresses it becomes clearer that virtually no attempt of mine to save the study is going

to succeed. AW is not responding to any of my proposals to allow us to continue with the study. There does not seem to be any basis for negotiation.

Thus what appears at the outset to be a discussion offering me every opportunity to present my case turns into a meeting when nothing I say is making any difference. The outcome looks inevitably as though the study will be terminated.

This interaction is an illustration of the open and hidden agenda where the non-decision topic (ie termination of project) is not declared from the outset. However, I am prepared for this, but I am ill prepared for the intransigent stance taken by AW to any argument which I put forward.

What is put forward as a meeting to jointly discuss what needs to be done turns into a defense from me to protect the study.

Negotiations

The structural context for this meeting has been described earlier in this section. I shall go on to describe the negotiating context.

Negotiating Context

The meeting with AW takes place within his office at the headquarters of Bath Health Authority. I have no opportunity to prepare for this meeting, although I have had some time to think about it over the previous 11 days. Before I left Cheltenham on 20th May I instructed MH about my needs for the meeting. I want to demonstrate how thorough the study is being conducted. I, therefore, wanted MH to be satisfied that the study has been brought up to date, and that the matters thus far not dealt with could be clearly identified. I want all the relevant issues raised at the Steering Group meeting to be examined and addressed if possible so that I can be in a good position to answer any questions which may arise.

Although I have little time to prepare for the meeting the MAS team travels to Bath together. I decide that myself, MH and JA should attend the meeting. Their role is to answer any questions of detail which I am unable to answer. I also think it is important for those conducting the study to be present at this meeting to hear at first hand the comments about the study.

On the journey to Bath I am able to be briefed about the work which has taken place during the intervening 11 days. All the queries from the Steering Group have been addressed, and the appraisal of

the remaining options have been progressed. I am more confident about the study on 2nd June than on 20th May even though I have no time to read any reports.

The total number of people attending the meeting was unknown to me beforehand. I expected the District General Manager, AW, and the General Manager of the Neighbourhood Unit, AS. I did not expect anyone else, but couldn't be sure about anyone else turning up.

"I decided to go on the attack". This is my intention and the framework in which I approach the meeting. I am convinced that I have to achieve a successful outcome in favour of MAS being allowed to complete the study. Not to succeed in this would bring discredit to MAS and would bring discredit to myself, in the eyes of AW, whose respect I value. So, my own self-esteem is being challenged by this experience, and I am determined to come out of the meeting with the opportunity to demonstrate how good a study MAS can finally produce.

We arrive in good time for the meeting. I am extremely nervous. I have a fear that I may not be given the opportunity to put my case forward, and that AW has made the decision to terminate the contract without wishing to hear any arguments from me. I feel like a pupil attending the headmaster's study, not knowing what to expect.

We are kept waiting for about 15 minutes. The effect of this is to raise the tension in me. I imagine that AW will be faced with certain pressures over this study. If the study is aborted, then, in effect, the fees paid thus far will be wasted. He will be faced with having to account for terminating the contract. He will have to inform his Authority (some of whose members were on the Steering Group). This could prove awkward for him, as the study is not far from being completed.

Negotiators

When we eventually arrive at AW's office, AW is alone, and makes us welcome. We dispense with normal pleasantries, and I begin by apologising to him for being in the position that we are facing. I find that making an apology can be disarming to the person receiving the apology. It places them on the defensive and allows me the opportunity to explain possible reasons why an apology is necessary.

I go through the process of the appraisal and bring out the latest version of our report indicating that considerable work has been undertaken since he made his telephone call 11 days earlier. I also explain that I have not been around during this period, because of my father's death, and am actively seeking some sympathy, which I receive.

AW's position is unclear. I feel sure that he will find difficulties in terminating the contract, but I am also aware that he is strong enough, as a personality, to do so.

I keep the conversation between me and him. I do not want MH or JA to enter into the conversation unless on matters of fact. I want to forcefully point out that the method for the study is robust and that there are no real alternatives. By being robust, the conclusion can be defended with the Regional Health Authority, and would provide ammunition to release any additional resources which might be available.

This approach appeals to AW. He is under pressure to resolve the problems of catering but is also concerned about the cost. My negotiation context then changes to identify how best we (MAS) can support him in obtaining resources without compromising the objectivity of the study. My suggestion is to let the study run to its conclusion. This may coincide with the conclusions of the national initiative. At least our study will be objective in relation to 23 hospitals - an unusually large number of hospitals which may require a different solution to the results of the national initiative.

AW is attracted to my suggestion but wonders whether MAS can produce an effective result. He is clearly unsure about our abilities at

this stage of the meeting, even though I have gone through the process of the study, describing what is involved in some detail. I have failed to overcome the credibility gap which has been created by events two or three weeks previously.

My belief that AW may be embarrassed if he pursues termination, (because he will need to account to his health authority which may prove difficult for him) is appearing to be incorrect. He gives me the impression that his confidence in MAS is eroding, despite the conversation thus far.

The choice before me is to either accept defeat or change my negotiation context again.

Accepting defeat and thus accepting the termination of the contract will be a disaster for MAS and for me, and a line which I am most reluctant to follow. My credibility and that of MAS will be damaged making my task as a consultant with a high reputation exceedingly difficult to carry out.

There is one other avenue for me to pursue. I offer to complete the study without payments, on the basis that payment would only be made if AW is completely satisfied that the study has been properly completed. This offer will meet a number of aims. It demonstrates my faith in the conduct of the study. This must have some impact on

AW, and make him, at least, query his stance over our credibility. Second, it meets a requirement of his, which is to effectively terminate the contract, but to suspend that termination until the conclusion of the study. He would remain in control of the situation by not having to make a final decision. Third, it signals to the two MAS team members (MH and JA) that they need to get their act together to ensure that we will be paid at the end of the contract. Fourth, it is now beyond dispute that the MAS reputation and my own reputation will be "on the line" and to ensure a continuation of a high reputation we have to provide a good result. Fifth, it demonstrates that the MAS does not wish to "rip-off" the taxpayer, and that AW should recognise this, no matter what the final conclusion to the study. Sixth, AW can hardly refuse.

AW accepts this offer, and I come away from the meeting having achieved my aim.

In analysing this meeting, I start out by believing that there are only two negotiators, myself and AW. Each of us, however, come to the meeting with pressures which influence our approach to the meeting. I come with a determination to demonstrate how good the study really is, and to gain agreement to complete it. AW comes to the meeting with a determination to terminate the study.

As the meeting progresses I become aware of his determination to terminate the study, despite my attempts at showing credibility, and an interest in meeting his needs concerning the pressure placed on the health authority to obtain additional resources to implement the national initiative. This realisation on my part brings into focus that I was negotiating not only with AW, but his absent health authority. I am also negotiating terms with my own team members, pointing out to them that they have to produce a good result or payment will not be made. In other words I am placing the responsibility for success on their shoulders, and using the shift of responsibility from me to them as part of my change in the negotiating context. This shift shows to AW that I have confidence in my team.

This is a one shot negotiation process, where the negotiating context changes. The stakes are high for both myself and AW. The reputation of MAS will be severely damaged if termination is the result. From AW's point of view termination will result in lost fees to this point, and a cost opportunity to seek funds from the Regional Health Authority to implement the national initiative. His health authority members may question his judgement in engaging MAS, and may question how the study has been allowed to progress to this stage without action being taken. AW's reputation within his own constituency may be damaged.

The negotiation context needed to be visible to others. A reason for this is that I will find it difficult to return to MAS having failed in my mission, and have the project team left wondering if they could have salvaged the project by explaining first hand the events leading up to the meeting. Another reason for this meeting to be visible is partly for the purposes of ensuring AW doesn't use arguments to me which may or may not have been true. Because I am not actively engaged in the study I am not in a good position to know whether or not some of the possible assertions which AW may make are accurate. In some senses I need "to steal his thunder" by having people present at the meeting who know more about the events than either him or me.

There are a number of complex issues to be taken account of in the process. The aim of the meeting from my perspective is superficially simple. I want to continue the study to its conclusion. In order to do this I need to regain AW's confidence in MAS. I fail in this, but achieved my aim in other ways.

AW appears to have come to the meeting with the aim of terminating the contract. However, this does not become plain until I try to meet his needs in relation to his health authority. The issues here are complex. They include the judgements which the health authority may make on AW, if he either terminates or continues the contract. If he terminates the contract questions of judgement in employing

MAS may arise. If he continues the contract, the concerns of the Steering Group may be seen by them as not being taken seriously. In some ways it may be construed that AW is in a "no win" situation. The offer to complete the study without payment releases him from that situation. At the least it allows AW the opportunity to defer a decision concerning the contract and to report to anyone of relevance that MAS recognises the matters which have been raised and responded by offering to complete the study without payment until the authority is satisfied with the result.

The legitimacy boundaries for the negotiation context are not tested in the meeting. It is possible to imagine that the discussion could go beyond the matter of the catering study, to discuss the interests of the health authority in this matter. Equally, the discussion could have taken into account the prospects of the MAS working with the Bath district at some date in the future. Thus, it is possible to conceive the boundaries as anything to do with health care management which can have a line back to the catering study in one form or another.

After the meeting, upon return to the MAS office in Cheltenham, I have a meeting with MH and JA to discuss the meeting with AW, and to ensure that further work on the study will achieve the necessary high standards which are implied by the discussion with AW in the morning. MH and JA are suitably anxious about the outcome of the

morning meeting to realise the importance of completing the study to a very high standard and within the agreed timescale.

Power/Status

AW exercises power with a clear threat of terminating this study.

Whilst I confer on AW status by virtue of his position as client and someone for whom I have great respect, I also exercise power. This I do by pointing out the completeness of the study and the implication of terminating a study at this stage of maturity. I exercise power by depriving him of a reward (in the form of a completed study) and through a process of manipulation. My intention is to ensure the continuation of the study, and I manipulate the conclusion to the interaction by offering to complete the study without payment until he is satisfied with the result.

In this interaction we both exercise power, although when the test finally comes AW does not use the power to terminate the project but to force me into a position where I have to make an offer which will satisfy all parties.

Emotion

Emotion contributes significantly to the decision making in this illustration.

There is the emotion created by the first telephone call. This is fear, upset and anxiety at letting a client down, and a client for whom I have great respect. In this situation I receive no status from AW and my emotional response is distress and fear.

This emotional response, however, stimulates action to prepare for the meeting with AW.

This meeting provokes fear, anxiety, and from these, a determination to succeed. During the course of this meeting I am accorded no voluntary status, and AW is invoking power by threat. I feel insecure, but by using my own power begin to modify my emotions when the judgement of AW on me is turning in my favour. The ability to produce a solution to the problem of AW being set on terminating the project brings with it status in the interaction accompanied by relief and a sense of happiness. I feel no security at the end of the interaction knowing that, at any moment, AW can change his mind and terminate the study. AW kept that threat present all the time, maintaining control over the interaction, and retaining power over me.

Self-Esteem

My self-esteem is derived from positive judgements from my professional peers. This situation presents a direct threat to the credibility of MAS and a direct attack to my self-esteem. I receive negative judgements about the work of my organisation throughout the interview with AW.

Whilst this interview challenges my self-esteem and will leave me vulnerable if AW has his way, I am determined that my self-esteem is not going to continue being challenged in this way. The fact that it is being challenged is the stimulus for me to set about preserving it. No way am I going to allow the challenge to succeed. Apart from having great confidence in my ability to succeed, I also believe that AW's challenge is unreasonable. I believe the study is being properly conducted, and explained this to AW. I am, therefore, not only defending the credibility of MAS, but trying to preserve my own self-esteem with an influential member of my peer group whose judgements I value.

Conclusion

This interaction leads directly to a decision. The decision was to complete the study without payment. The processes leading to this decision required me to test other ideas before arriving at the

decision. My determination was present in this interaction as well. There were too many pressures on me to concede defeat and withdraw. But I had underestimated the pressures facing AW. My imagination lead me to think that AW would find it embarrassing to terminate our contract, which proved not to be the case.

A Meeting With A Potential Client

On 1st April 1986 I travel to Frenchay Hospital in Bristol to meet the General Manager.

Met with DS at Frenchay and spend the first hour and a half having a chat about general management issues, then had lunch, then spoke about specific MAS assignments - one of which is an organisation development project. We talked about money and suggested that Frenchay is going to be overspent this financial year. We talked about May/June as the appropriate time to start any assignments. My thinking behind the discussions at Frenchay is that here are some very good general managers who are looking to the MAS for a sort of support which the MAS is good at providing and that we should not hesitate in trying to fulfil any request which they make.

Introspection

In this interaction I meet with a General Manager that I have known for sometime. He is well established and well known in the NHS for his interest in training and for his work in his professional organisation. In our previous encounters he was very helpful in tackling a complaint which I made to his hospital about the treatment my wife received during her admission for surgery for cancer.

DS is also an extremely pleasant person, very courteous and yet showing genuine interest in others. He holds a senior management position at a relatively young age, and is fully qualified professionally.

I need to impress DS. I need to demonstrate to him that MAS and me, in particular, have skills available to him. I do not want DS to look at me and regard me as wasting his time by being inadequate professionally. I need to gain his reinforcement as well. Meeting new clients is very difficult - difficult to know how to start the conversation, difficult because the questions may be hard to answer, difficult because I am on show all the time and I do not like that. I am anxious about such a meeting. General Managers can be easily dismissive, leaving a feeling of rejection, and I don't want to be

rejected. I want DS to be proud of knowing the person who set up MAS and proud of someone who does good professional work.

Symbolic Interaction

Definition Of Situation

This is a meeting between a General Manager, newly appointed to his hospital, and myself. I am meeting DS for the first time in his new post, and for the first time as a potential client.

The meeting takes place in his office at his hospital.

The opening conversation is about our families. DS has been on the receiving end of a complaint from me about the nursing care for my wife when she was receiving treatment in hospital. This event enables us to enquire of each other the health of our families.

This familiarity belies the seriousness of the interaction. I seek work. I also seek reinforcement of my own capabilities from the interaction. If I can stand up well to questions and participate effectively in the conversation then I will receive the reinforcement I need.

The meeting is arranged by me. There is no work being offered. My task is to try and persuade DS that he can use our skills on any issue which he may be facing.

The Roles

DM

Two of us attend this meeting. I perceive my role to present an informed self, knowledgeable about the topics which General Managers are facing. I have to demonstrate this knowledge without knowing the particular issues being faced locally. I also have to adopt the role of consultant, being able to show I have insights into managerial issues. I thus have the role of being an intelligent outsider with some inside knowledge. I need to adopt the role as leader of MAS and demonstrate the success of MAS as an idea. I need to show how we work, the kind of topics we cover, the range of staff we employ, and demonstrate the credibility of the organisation.

DS

I perceive the role of DS is that of client. He adopts this role clearly by controlling the conversation and making arrangements, such as for lunch. He is in control of the situation. He adopts the role of potential purchaser of my services. He is inquisitive and challenging in his questions, trying to satisfy himself as to my professional capacity.

Interpreting Acts

DS steers the conversation towards matters of organisational and management development. Whilst I have skills in organisation development matters, my knowledge of management development is poor. This is in marked contrast to the knowledge which DS has on these matters.

Although the general conversation covers matters of implementing the general management concept and the financial position facing the hospital, the detailed discussion does not touch on these topics, but focuses on matters of development. This is unfortunate from my point of view, as I am much more professionally concerned with matters of general management and financial management.

It was more comfortable for DS to remain with topics that he is particularly familiar with than lose control of the interaction by moving on to unfamiliar territory.

My own behaviour tries to demonstrate I have insights into organisational and management development issues. These insights are hardly going to match those of DS. However, rather than admit I cannot offer services in these areas I continue with my attempts at participating in the conversation.

I interpret DS behaviour as being polite. He is pursuing matters of importance to him, whilst having no intention of commissioning any work from MAS. I fail to persuade him to move the conversation to topics where MAS may assist, and he keeps the control of the topics we cover.

Information Given And Given Off

The information given is that of a receptive client interested in hearing about the services which MAS can supply, and interested in the general conversation about general matters such as family, mutual friends, acquaintances, and how MAS is coping with its independence.

However, it is clear from the manner in which the interaction is being controlled, that the opportunity to undertake some work with DS is slim, despite talking about timetabling of work and narrowing down to specific fields of work - fields of work in which MAS has no real expertise. Thus the information given out is not as encouraging for me in seeking work as it may have been from the initial conversation.

Negotiations

Structural Context

Meeting DS was all part of my strategy for MAS to expand its market by meeting more clients and marketing our services. I choose people I am familiar with as my potential client list, and DS is on that list. He is local, has a good reputation and I have met him before in different circumstances.

Negotiation Context

This interaction is aimed at me seeking work from DS, and at the least telling DS about MAS services. My aim is to be informative about our work and responsive to his ideas. I hope that the topics he has in mind are topics which I had some knowledge about.

I perceive that DS has the aim of finding out what MAS has to offer.

Negotiators

DS and I are the main actors in this interaction. However, I meet some other managers over lunch and this allows me to form the view that Frenchay could be a stimulating place to work. Such a lunchtime meeting also allows them to form a judgement about me.

Negotiations - One Shot Or Repeat

I was aiming to start an interaction which I hope will lead to work, which in turn will lead to a continuous professional relationship. Thus I aim to impress sufficiently well to be invited back for further discussions.

Nature Of Stakes

DS has nothing to lose, and he could gain some assistance if he needs it. It is a pleasant conversation from this perspective.

From my perspective there are a number of matters at stake. I am exposing my own professional capabilities in this interaction, and am hoping to gain reinforcement for my skills from the interaction. At the least I hope not to be exposed as being incapable. Similarly I am exposing the MAS, offering its services up for sale in the hope that DS will buy. At the least I am marketing the services in the hope that on some future date MAS services may be used. I do not wish DS to communicate a negative judgement about either myself or MAS to his general manager colleagues in the region.

Visibility Of Transactions

The more visible the better from my point of view. However the conversation is conducted in private, only opening to others at lunch.

Issues

The main issue was whether or not MAS possesses the skills which DS needs, and the answer is no.

Boundaries

There are no boundaries to my conversation. DS steers the conversation to topics he is particularly familiar with and will not respond to discussions on matters of interest to me. In this way DS sets some boundaries to the conversation.

Options To Avoid Or Discontinue

Having initiated the meeting I have provided myself with no options to discontinue. DS, on the other hand, can terminate the interaction at any time if he feels he is not gaining any benefits.

Power And Status

In this interaction I am concerned to show my interest in DS's problems, in an attempt at gaining his interest in using MAS to provide any assistance which may be needed. I regard DS as holding power. He is responsible for commissioning work from people such as myself, but, more important, I regard him as being good at his work and very amicable. I have respect for his ability, his interest and understanding of the health service.

"My thinking behind the discussions at Frenchay is that there are some very good general managers". In addition to himself DS has gathered around him other managers of high calibre. This means that the environment in which MAS may be working, is likely to be very stimulating.

DS directs the meeting and selects the topics. He makes arrangements for lunch and the meeting of other staff afterwards. He speaks about "an organisation development project" and the timetable of "about May/June", all of which I agree to without comment. He is able to achieve his aims in the meeting by exercising power. His power is derived from two sources - the first is his ability, and implied threat, of not wishing to talk to me or terminating the meeting. The second is his threat to my

professional self-esteem by exposing me, in some manner, as not being capable professionally.

I voluntarily bestow a degree of status on DS, by virtue of my opinion about his capacities as a manager, and my opinion about his knowledge of certain topics.

However, I attend this meeting to obtain work and spread the reputation of MAS. I perceive DS to hold power with the implied threat of inhibiting me from achieving my aims.

His observations about me are impossible to obtain. However, my interpretation of these suggest that he possesses high own status partly by virtue of his position in his organisation and also by virtue of the fact that he is in the position to purchase MAS services.

My status could be high. I have a high reputation in the NHS, and gained an even higher one by establishing MAS. However, I am an outsider to Frenchay Hospital and am in no position to pose a threat. As this is an exploratory meeting there is no need for DS to believe I can have any comments about how the hospital is being managed. There is no need for him to see me, so either he is according me a certain status, or he knows he can exercise power at

any time. I shall explore this interaction further by using Kemper's framework in relation to power and status.

Intention

From my perspective this interaction has several purposes. I do not approach the meeting, for example, believing that it is a service to clients to say that MAS can help. I take the view that 'selling' services is not a very respectable thing to do. My intention in the meeting is to gain business. However, I have no means of compelling my client to provide me with business, other than to show my knowledge of his problems and issues, and to demonstrate my understanding of these as well.

Both DS and myself understand the intention of our meeting. From his point of view he outlines the issues facing him with a view to exploring whether there is any need to seek support from MAS. The expected rewards from the interaction are different, but not sufficiently different to make me use some method of coercion to seek my rewards. I hope, from the meeting, to gain some business, but I also have the 'fallback' position of merely making contact and identifying issues, and being in touch with what is happening in the service. Thus I seek different rewards of differing degrees of importance. Even if I come away from the meeting with my minimal expectation I receive sufficient reward.

The rewards which DS seeks are different. It is possible to imagine that he is satisfied with an amicable conversation with someone who has (in the past) made a complaint against his hospital. He could be satisfied by talking about his issues with an outsider. He may have on his agenda an intent not to spend any money on consultants, given the financial position of the hospital. His rewards may be on these levels, and because I have no means of compelling him to provide me with business, he may expect rewards he was likely to receive. In this scenario, we each receive equal rewards, but our status in relation to each other remains different.

Structure And Process

The role or structural relationship is client and consultant. DS has a more significant role, in that, as client he is also the general manager of a multi-million pound enterprise, with the responsibilities attached to such a post.

In this structural arrangement, I do not perceive the relationship to be symbiotic. I perceive the client as holding all the cards in the interaction, with me reacting to his interests, rather than creating topics of interest to which he might respond.

I perceive DS's role as being in a position of power. He can use his position to contract business with me or not, as he chooses. It

is up to him to assess whether there is a project, and to assess whether or not I can assist with such a project. He is in the master position to my servant. I have not developed, at this stage, a technique of selling work. I am generally passive in my attempts at pursuing work.

In this situation DS commands a functional status, by virtue of his technical activities as general manager. He is in command of the organisation, although this command position has to be secured by him exercising power over his staff to maintain his position. His position in relation to myself, however, is that referred to as "scalar", by virtue of his ability to reward me, in a way which could secure my compliance voluntarily.

The interaction conveys to me no process of coercion. DS does not show any manifest power by using his structural position to win in the interaction. It is difficult, perhaps, to understand what winning means, but my belief is that we both won - I have achieved my minimal rewards, and presumably so has he. It is true to say that DS deprives me of business, and as such exercises power, but the deprivation of this kind of reward does not come about through the manifestation of power, as this reward is merely one of a number I am seeking, and I am satisfied with receiving the other rewards.

DS is voluntarily given status by me as I hold him in esteem and I like him. However, I do not know his opinion of me. For my part, I exercise a degree of manipulation on the topic of organisational development as I am less able than himself to undertake such a project, yet I pretend that I have the skills to do such an assignment. This is an illustration of my less than passive acquiescence of all that is taking place in the interaction, but my ability to manipulate in the circumstances is muted because of DS's own skills in organisation development.

Overall, therefore, this is an interaction which focuses more on the mutual status of ourselves, within a framework of DS power. As a result we each emerge from the interaction with the rewards we were seeking, although mine are not completely satisfying.

The knowledge about the service which I am supposed to possess may bestow on me a certain status. As I am not allied to any particular health authority, I may see the health service from a distance and thus take a broader view. This may have the effect of implying insights into individual health authority problems, taking the broader view as experience not normally held by individual health authority managers. My conversation with DS embraces the wider NHS scene and takes account of problems being faced in other health authorities.

I also have some personal credentials which may appeal to DS. I have been a Chief Officer running a major teaching district in London. This may provide me with managerial credibility which DS would acknowledge. Thus, my status in his eyes may be quite high.

Emotion

In this interaction I feel initially nervous and anxious, uncertain about whether DS will exercise power. The threat of power is present in that DS can terminate the meeting at any time.

As the meeting progresses I become secure once I feel as though I am being accorded the status that I expect. This sense of security continues to the end of the meeting.

My emotional responses do not contribute to my decision making in this interaction.

Self-Esteem

My self-esteem could be easily challenged in this interaction. Equally, it could be reinforced.

I seek reinforcement of my professional capabilities in this meeting, seeking judgements which are positive about me and about MAS.

These judgments are of critical importance to me. Everything I do in relation to my peer group must reflect well on me, and by inference, on the MAS. The fact that this interaction takes place at all fuels my self-esteem.

This drives me to try to meet the requirements of DS, and stimulates me to try and become engaged in topics about which I have no expertise. I try to please DS, in the hope that I receive positive judgements from him so that I can preserve and maintain my self-esteem.

Exposing myself in this way is very challenging. I feel anxious until I receive positive judgements about me. These judgements fuel my determination to make MAS a success, which in turn give me further positive judgements.

The interaction with DS, although it brought with it no work, maintains my confidence in myself and my self-esteem, and provides a driving force to make me continue building the MAS.

A discussion with the MAS Chairman concerning MAS Strategy

On 4th April, I meet with the Chairman of MAS Board, JC.

Meeting with the Chairman this morning to discuss the MAS strategy and how to get it across in the most favourable light. GD was also attending the meeting and we decided to do a resume of what happened in the past year together with a description of a strategy in more detail.

A number of influences imposed themselves on the preparations of this strategy. The first is my desire to have a strategic plan which makes sense and is a blue print for the MAS over the coming years. The second is the need for that strategy to be understood by those who are going to have an influence on its implementation. The third is that the Regional Chairman does not really want a strategy. He merely wants an indication as to the financial viability of MAS. The fourth is that JC and VS do not get on. The fifth is that I do get on with both JC and VS and so the whole business of trying to establish a strategy is fraught with the complications of the micro politics of the MAS. We went through a draft which I prepared and it was fairly clear that what we needed was a review of the MAS' activities in the first year before any suggestion of a strategy could actually be presented to the Regional Chairman. Whilst I acknowledge that there was need for a review, it really is the basis

for a report and an account for the first year. I have always felt that if a strategy is to be established it should be established from base and not necessarily on the back of a review of a single year. Nevertheless I agreed to prepare a review and to revise the strategy in the light of the review.

At this point I was beginning to feel that I was being pretty heavily worked and that my enthusiasm for preparing a strategy was only coming from my belief that we will have to work out a way through to implementing the strategy on our own. To that extent it is quite exciting. But I am becoming, as I always do, somewhat demoralised by the micro politics surrounding the MAS, as these politics are seldom favourable. Generally speaking they are nearly always critical and, therefore, unhelpful.

I feel compelled to hold this meeting with JC. The compulsion arises from the structure of the health service in which MAS is located. I would have wished that I could have declared that MAS is going to set itself up as an independent organisation. I cannot do this because I need the MAS assets, and some goodwill. I am intensely irritated about having to play a game with people who will not necessarily play the same game I want them to play.

Many of my feelings arise from the degree of confidence I have in others. I have very little confidence in my Chairman, a man

appointed to this position without any involvement from me. I feel he is an ordinary man put into an extraordinary situation, one which requires extraordinary skills. I feel many times more capable than him, capable of dealing with the politics, capable of managing MAS. Yet, I am also wary of him. I do not possess the answer to every question, and it is a skill of health authority members to expose officers by embarrassing them with unanswerable questions, a tactic which I cannot abide as it's a cheap method of showing strength, but gets no-one anywhere. I am also mildly angry about having to deal with a Chairman whose loyalty to MAS is suspect when he is being challenged by others. I cannot trust him and feel angry about having to make so much effort to convince him about MAS's future, knowing that he may simply cave in at the smell of the slightest opposition. It is like a conversation with a ghost, something which can disappear at any moment, and yet it's presence has significance.

The type of questioning which JC enjoys and the general stance which he adopts sometimes exasperates me. The whole picture of micro-politics affecting MAS exasperates me. Why can't I simply do what I want to do? Why do I have to spend hours of my life persuading others to do what I know is the best thing to do for MAS?

These emotions have to be contained without expression. To show any of these emotions would be to invite JC to reject any support for MAS on the grounds of my unsuitability to manage an organisation

dispassionately. From his point of view MAS is another issue on a long list of issues for him. MAS occupies his time, which would otherwise be devoted to some other NHS matter.

By contrast, I have great respect for GD. My respect for her is unbridled. I trust her judgement, and have confidence in her opinion. My own confidence is enhanced by her support of me. Her opinion of JC is like my own, which also gives me support.

I feel demoralised at having to produce a paper which I believe will serve little purpose. It is all becoming too much for me, the kind of emotion overload; I comply without much resistance, but feel strongly about the futility of the whole process.

Symbolic Interaction

Definition Of Situation

After a number of years as a grant supported organisation the MAS is reaching a time when some fundamental decisions need to be made about its future. The MAS can no longer continue as grant supported (the Department of Health grant having come to an end); nor can the MAS realistically continue as an organisation financed by top slicing money from the revenue allocations to the health authorities in Oxford and South Western Regions. Revenue is being squeezed and

there are too many demands in patient care for MAS to continue to seek funds from the Exchequer.

In any event I have the vision of MAS being independent from health authority control, and becoming a legal organisation in its own right.

As part of the process of gaining independence I need the support of the Chairman of the MAS Board, JC. His support is necessary because he is the person with direct access to Chairmen of Health Authorities and the Chairman of the South Western Region, all of whom 'own' the MAS by virtue of the process of funding MAS by top slicing.

This interaction takes place in my office in the MAS offices in Cheltenham. I am joined at this meeting by GD, my deputy and MAS accountant. Both GD and I have prepared ourselves for this meeting, having worked at the development of the MAS strategy.

I approach the meeting with a reluctance about having to gain my Chairman's support. This is a chore. My attitude is based on the possibility that my strategy may be rejected, and that JC may not give me the support I need. My ambivalence at the meeting would be a camouflage or defence against failing to achieve my aim. JC is

unpredictable, having many competing pressures to cope with. He can respond in a manner which may mean I cannot pursue independence.

GD is more pragmatic. She has established the financial basis upon which MAS can achieve independence, and believes there is no choice but to establish ourselves as a legal organisation in our own right.

This is a formal meeting with documents supporting my arguments for independence. Although I perceive it as a chore I am also presenting my argument in the most thorough way I can.

This is a critical meeting, and has the tensions associated with critical meetings. From my perspective the tension is deeper because of the unpredictable outcome. I know JC regards my enthusiasm and optimism with a degree of scepticism, and this makes the tension worse for me. Anything positive I may say can be interpreted as being the utterances of an unrealistic optimist.

Roles

There are a number of actors in the process of MAS seeking independent status. JC is the Chairman of the MAS Board. In 1986 he was also Chairman of Gloucester Health Authority. He has been Chairman of MAS Board since 1984. A businessman by profession (maker of garden gnomes) he is also heavily into voluntary work for

patients. He possesses a passion for the health service and fights hard for the issues he believes in. He is also someone interested in detail and for a number of years was concerned with industrial relations matters at national level. If he possesses any faults they are mostly concerned with his abilities to play politics in the NHS context.

I have described myself elsewhere. My stance in this series of interactions is to bring MAS to a state of legal independence outside the NHS but associated with it. The hurdles I face were many. I need to gain the support of MAS clients, and I have to demonstrate MAS viability. I have to persuade the MAS Board to recommend to Health Authority Chairmen that MAS should be allowed to become independent. This is necessary because the assets of MAS are Crown property and will need to be released from the Crown to enable MAS to be established.

GD is Deputy Director of MAS and an accountant. Her role is to provide professional advice on the viability of MAS. This advice is available to me as well as all the other actors in this event. GD also assists me in the construction and debate about the future options for MAS.

VS is the Chairman of the South Western Regional Health Authority. He is not a member of the MAS Board but was a member of its

predecessor, the MAS Supervisory Board. His role in the future of MAS is also critical. It will be his decision which will allow Crown assets to pass to the MAS. He can take this decision on his own, without advice, or he can take the decision after consulting widely with the MAS Board and Chairmen of the 13 Health Authorities which form the South Western Region. He decides to consult widely.

The members of the MAS Board include CH, the Regional General Manager for the South Western Region; AC, the Chairman of the Cornwall and Isles of Scilly Health Authority; WMcC, the Vice-Chairman of the South Western Regional Health Authority. I act as Secretary to the Board and JB, who is my secretary takes the notes of Board meetings.

JC, as Chairman of the Board, takes a very keen interest in the MAS activities. Each Monday he comes by the MAS offices to discuss the current events and, if I am in the office, he likes to talk to me. My impression of his perception of me is that I am a naive child, unacquainted with the world of commerce and business and that I have ideals which fail to match the commercial realism of survival. I think he admires my energy but thinks I am also reckless. He keeps an eye on me.

However, I have doubts about the ability of JC to help me in my aim of bringing MAS to a state of independence. I don't respect his

abilities. I think he lacks the political skills necessary to negotiate effectively on MAS' behalf in the arena of Regional and District Chairmen.

Interpreting Acts

JC approaches the meeting as though he is acting as the agent for the Regional Chairman, VS. The role he is adopting is a subtle one whereby he is ensuring that he is not going to cause a conflict between himself and VS. There are matters at stake which go beyond the MAS and decisions about its future, matters concerning the relationship between JC and VS. I form the view that JC is acting as a "go-between" me and the Regional Chairman. Instead of simply ensuring that I discuss issues directly with the Regional Chairman, JC wants to ensure he plays a role in the process. The importance of not creating conflict with VS is obvious, but any such conflict is due to personality differences rather than any content of an MAS plan.

I feel that I am arguing with an adversary rather than working with a colleague. Whilst it is an acceptable technique, and often a helpful one, to be 'devil's advocate', I do not gain the impression that JC was adopting this role. He does not, for example, explain his role; he merely reflects how he sees VS responding to a strategy from MAS. Nor does JC offer advice about the business aspects of

the strategy, which I expect him to do. I interpret JC's acts as presenting to me another obstacle which I have to overcome either by agreeing with his propositions and plan of action or avoiding him in some way and risk losing his support (which in any event seems to me to be fragile and dependant upon the relationship between JC and VS).

GD approaches the meeting as professional adviser on matters of finance. She sees herself as presenting the financial matters relating to the strategy. She does not see herself as offering a personal opinion about the prospects for MAS. In this sense she is acting as an 'officer' of a health authority, someone whose views are kept to themselves. The fact that GD attends the meeting is significant in the interplay between JC and myself. The credibility which JC gives to the strategy is enhanced by the 'seal of approval' which GD places on the strategy. If I present the strategy on my own, I doubt whether JC will see the strength of the strategy. Through GD I am preserving my own position in the interaction, by giving my own role added strength by having the support of the 'disinterested' professional accountancy opinion. I interpret GD's role as that of keeping to the facts. It is clear that should she venture to offer a personal opinion then her professional impartiality will be eroded in the thoughts of JC.

My own role is to gain JC's support for the strategy. I am less interested in how the strategy might be 'sold' to others; more interested in gaining support for the plan. I do not perceive the discussion over the plan as a means of creating a defense against a possible abandonment of the MAS by VS and other Chairmen. However, in retrospect, this could account for JC's actions. He could be reflecting a hostile approach to MAS by VS and therefore adopting a conciliatory position towards VS as a means of maintaining a dialogue between himself and VS about MAS. My behaviour ignores the subtleties and focuses on persuading JC about the robustness of the strategy. I am not well prepared for the 'simple' approach which JC wishes to involve a review of the past as a means of gaining acceptance for the future. I am more concerned to have fresh ideas reflecting the challenges of the future and the changes in the MAS environment, rather than making proposals based on the past.

Information Given And Given Off

I have mixed expectations of the meeting. On one hand I believe the meeting forms part of a sequence which I think is inhibiting my freedom to advance my cause. On the other I hope to gain the support of my Chairman in refining the strategy to make it more robust. In other words, although the meeting seems to me to be unnecessary I am determined to get the best from it.

It is also clear to me that should I act on my own my progress in achieving support (of whatever kind) could be inhibited. I assess the situation as requiring the professionally impartial accountant to lend weight to my proposals.

The meeting gives off different information. It does not take long to realise I am dealing with a Chairman who is trying to respond to the expectations which the Regional Chairman may have of him. With JC pushing an agenda of this kind then I am left with little alternative but to follow, as I am seeking JC's and VS's support. So I am obliged to review the past activities of MAS, a process I believe has little merit in the constantly changing environment within which MAS is to operate.

Negotiations

Structural Context

This meeting is one of the stepping stones in the sequence of seeking legal independence for MAS as an organisation. The structural context of this meeting has been described before. In order to achieve legal separation from health authorities in the South Western Region (who were the custodians of the MAS assets) I need to gain the approval of the Chairmen of District Health

Authorities and the Regional Health Authority Chairman to releasing the assets into the ownership of MAS.

From the Chairmen's perspective this is not a simple decision. All fourteen Chairmen are totally different personalities and have different priorities, interests and agenda. I anticipate that some view the issue of the MAS with profound disinterest; others would be attracted to the concept of the 'internal' consultancy offering a mixture of expertise, advice training and observation. Depending on their own agenda would be the degree of interest in the issues facing MAS.

The Regional Chairman's perspective could be assumed to be different. The MAS experiment between 1982 and 1985 received very high profile publicity in the professional press, and Parliament. The Regional Chairman would be mindful not to act in a way which might attract to him adverse comment from the Secretary of State and other MPs. Whatever rewards a Regional Chairman might expect in life, one of them is often a Knighthood for public service. However, the Regional Chairman has two interests which he needs to keep in balance - the interest of the Secretary of State, and the interest of the Chairmen of District Health Authorities, many of whom are capable of making life uncomfortable for the Regional Chairman, who in turn could make life uncomfortable for them.

Thus the structural context of this interaction is about persuading the Chairmen of Health Authorities to release the assets of MAS into the ownership of MAS itself.

Negotiation Context

This context is one step in the overall process of gaining independence. I need to gain the support of my Chairman before he can argue my case in the wider context.

This meeting aims to persuade JC that the MAS strategy is sufficiently robust for the MAS to survive independently.

I recognise that I alone am unable to gain the support of JC, despite presenting facts in writing. My own personality, with all its aspects, tends to present an optimism which others do not share. JC does not share my optimism nor my enthusiasm. I am determined that his views of me should not stand in the way of MAS' future. By bringing GD to this meeting I try to preserve my own position and succeed in gaining the support from JC about the future for MAS.

Negotiations

JC is negotiating with me. GD is not an explicit negotiator, but her presence and her professional perspective provide weight to whatever arguments I present. GD offers no personal opinion.

Other 'invisible' negotiators are those who JC is, in a sense, representing. JC interprets the expectations of VS and other Chairmen. I have no way of knowing whether his interpretation of their expectations is accurate.

Negotiations As Part Of A Process

This meeting is one part of a continuing process of persuasion.

This meeting is not a make or break situation where a decision not in my favour will end the argument. I always believe in doors and windows never being finally closed. Should matters not progress in a way I hope I will need to try something else to gain support for my ideas.

Although I do not succeed in gaining support in the manner I was expecting I nevertheless acquiesce to the request of my Chairman to provide a strategy with a different emphasis - recognising that such a move is another stage in the overall process.

Stakes In the Negotiation

For me the stakes are very high. My personal investment in MAS as an idea as well as an existing, functioning organisation, is very heavy. The MAS consumes much of my life. For me to fail to bring MAS to its next stage in development will be a major personal and professional disaster. I will also be seen to have failed, and although I can overcome disappointment, failing with this organisation will be difficult to overcome.

For GD the stakes are less personally consuming. Her commitment to MAS is great, but there is no commitment to remain with the organisation. If the process leading to independence fails, then back to Devon she goes, no doubt sad, but without the depth of loss I would feel.

JC has some interesting stakes. He needs to sustain a working relationship with VS because of their association as Chairmen of health authorities. he also needs to preserve his own self-esteem amongst other District Health Authority Chairmen, with whom he is in competition for resources in the South Western Region. Ensuring that he understands the expectations of others and can satisfy their expectations constitutes his stakes.

Visibility Of Transactions

This meeting is visible to others. In the context of the processes of gaining independence, this meeting is, in a sense, a preparatory meeting with 'high' stakes. Conducting the meeting away from the audience of others is important in case the process goes wrong from someone's point of view.

It is also part of my philosophy to protect the MAS team from the 'white noise' of the political processes concerning the management of MAS. It is distracting for others to become too involved, unless they are going to make a direct contribution, as GD does in this meeting.

Issues

The issues which are covered in this interaction are the acceptance of a strategy for the future of the MAS which will gain the support of Chairmen of Health Authorities, who, in turn, will transfer the ownership of the assets to MAS.

Boundaries

The subject matter of this interaction is understood by all parties. This creates implicit boundaries to the interaction, and the

conversation effectively centres on the strategy and how it will be received by us and the other Chairmen.

Options To Avoid Or Discontinue

I have to gain the support of JC. I cannot go to someone else to obtain the necessary support - although I have the ability to go to VS directly. However, I realise that this will prejudice my chances and lose whatever support JC is providing.

I have no real option but to meet. I see it as a vital step in the process leading to independence.

Power And Status

In this interaction, I am intent upon gaining my Chairman's support for my strategic ideas. I am apprehensive about the meeting, uncertain about how the Chairman will respond. Although he never exercises coercion in his relationship to me, his position as Chairman gives him the opportunity to exercise power. This is achieved by the constant threat of him withdrawing support for any of my actions. Should he decide to take a particular stance about MAS which is contrary to the stance I wish him to take, he can pursue that stance with the Chairmen of Health Authorities and the Chairman of the Regional Health authority and I will have to comply.

JC possesses power. However, I perceive his power as being unfocused, without clear intent. I believe he will exercise power by withholding support for me and MAS, but I am uncertain about the issues which will provoke him.

I perceive that JC gives me status. I perceive my status to him is derived from my ideas about MAS, and that the ideas about MAS cannot and do not come from anyone else. However, I perceive the status which JC bestows on me is limited to my ideas, and not my management capabilities.

In this interaction, however, I perceive that my status is very weak. Other matters appear to be dominant and I feel apprehensive at the prospect of power being used.

The coercion in this is the threat of closing MAS down altogether. Hence the need to get the strategy "across in the most favourable light". The people who we have to get the strategy across to are the MAS Board then the Chairmen of Health Authorities and the Regional Health Authority Chairman. But first it has to be got across to the MAS Board Chairman.

My apprehension about the meeting is shown by the presence of GD. GD is accorded considerable status by JC. This is due to her common sense, intelligence and her abilities as an accountant. JC respects

GD. Whatever she has to say JC tends to go along with. This is in contrast to the status which JC accords me. He believes I have imagination, drive, determination, all of which needs to be kept in check. JC sees GD as someone who keeps me in check. This has considerable advantages for me in this meeting. As GD and I are presenting a strategy together, which we have agreed together with MS (another team member), the credibility in the eyes of JC is enhanced.

"We decided to do a resume of what happened in the past year". This decision is not what I hope for. It shows the influence of JC on the decision making process. He is reflecting what he believes the Regional Chairman is looking for in the strategy. I find this irritating as a resume is not part of a strategy. My own status is insufficient in this situation whilst JC's power is adequate. He feels secure in his decision whilst I feel irritated. I do not feel that the situation is slipping away from me, however, because we also agree to prepare "a description of a strategy in detail" which is what I was hoping to get from the meeting. In this my own status is adequate and I am content with this decision.

The influences on the preparation of the strategy are many and varied. In many respects I feel bewildered by the array of hurdles before me. I am apprehensive. I am clear about my determination to develop a good strategy but apprehensive about getting it accepted

by so many different interested parties. No one else, apart from the MAS team, has first hand experience of developing a consultancy and marketing it. No one on the MAS Board has such experience. None of the Chairmen of Health Authorities have such experience nor does the Regional Chairman. Nevertheless all these people assume they have greater experience. They potentially could exercise power, by virtue of their position and their ability to withhold from me the assets of MAS. My status in their perception is clearly inadequate and I have no means of exercising power, other than withdraw my labour (which would achieve nothing). Hence my feeling of apprehension about the whole process.

I am apprehensive, even anxious, about my ability to ensure that the strategy "be understood by those who are going to have an influence on its implementation". Given that my potential audience has no experience of consultancy I am very concerned that they will not understand how a consultancy should be established. I am concerned that they will view the MAS strategy with political interests in mind - that they will receive support and reward of some kind from the Secretary of State. By comparison to both the power and status of the Secretary of State, the status of myself is grossly inadequate. Should it be perceived by Chairmen of Health Authorities that the Secretary of State will not support MAS becoming independent then I and the MAS will be consigned to the wilderness. However, should the reverse be perceived then I will be

able to achieve my aims. It seems to me that my existence and that of the MAS strategy are, in some measure, immaterial to that kind of decision making.

An added complication is that, whilst I am convinced of the need for a strategy, the Regional Chairman merely wants a financial plan to show viability. This creates a conflict in my mind. The conflict is over presentation. Different people want different things. The MAS Board is interested in the services MAS is going to offer and their cost. The Regional Chairman is uninterested in the services to be offered but interested only in the financial plan. With my status being inadequate, they exercise power and I have to comply.

I am anxious about JC's ability to "sell" MAS to the Regional Chairman. JC and VS do not get on. Although VS should be accorded status by JC by virtue of VS's position as Regional Chairman, JC sees himself as having equal status, something VS does not like. This often has the effect of VS doing the opposite of what JC wants. In this respect, VS has power over JC and consequently over MAS. The only means of influencing this situation is my own relationship with VS.

Although VS can exercise power over me (by closing MAS down) my relationship with him is good. This stems from the fact that VS was a member of the original Supervisory Board and was impressed by my

achievements. It also stems from an activity I developed which involved VS. This was the organisation of an International Forum on Quality in Healthcare, an idea of mine which was mounted in the USA a year previously. At this Forum I was able to attract some internationally known clinicians. My status with VS was high as a result of this Forum to which VS attended. Thus, it is possible to construe that VS has some confidence in me. Whether he has enough to overcome his antipathy to JC remains to be seen.

I have to go along with preparing a review of MAS but I have anxieties about doing so. I have not got sufficient status with JC nor VS to argue against such a review but I feel that a review of a single year of MAS activity will not serve my purpose. I was helpless. This is what the Regional Chairman wants and JC is going to oblige. I want the strategy to be based on a clean sheet so that I can overcome some of the problems of the previous year. A review may not present MAS in the best light and may damage my chances of gaining independence for MAS.

I am clearly depressed by having to contend with the politics surrounding MAS. I am having to react to other people's requirements. I am not in control at this stage and it is this which I find depressing. However, it is also clear from this passage that I assume I will be successful in achieving my aims and

that I will be granted the status to implement the strategy, a prospect which makes me feel excited.

Rules Of Emotion

Averill (1980) rules of emotion are constructive, regulative and heuristic.

Analysing this meeting from the perspective of these rules, I first look at the constructive rule. This meeting is a critical meeting in the process of seeking independence for MAS. The meeting has no formal processes, other than the fact that the Chairman of the MAS Board is present. But the critical nature of the meeting is that I have to persuade JC of the strategy for MAS to become independent so that he can persuade others. The focus of attention, therefore, is on the interaction in relation to the intention - that is the persuasion of JC about the future of MAS. My emotions relate to the content of the meeting, understanding, as I do, the background influences on JC and on myself.

The constitutive rule of appraisal suggests that I recognise the importance of this meeting so far as the future of the MAS is concerned. I cannot express any emotion which might be misunderstood or conceived to harm the opportunity for MAS. Thus, I suppress my emotions of irritation and anger.

The constitutive rule of behaviour creates the expectation that my behaviour in the meeting will reflect my desire to persuade JC of the need for MAS independence. It is not expected of me to demonstrate my lack of respect of JC, for example, or to show that I have little regard for GD, or the reverse, that I have a very high regard for her. I keep my emotions in control. By contrast, I behave in a manner which provides JC with the basis to believe that he is important in the strategic thinking of MAS, by bringing to the meeting GD, and by actively discussing options for the future. GD's presence provides an added legitimacy to the discussion because of JC's high regard for her, and presumably JC's determination not to be regarded in a less than favourable light by GD.

The constitutive rule of prognosis means that the pretence of showing respect, interest and support for JC will last until the meeting is concluded. This is a matter of hours. My emotional state does change during this meeting when it becomes clear that I have to do something I think is time wasting. This change comes about towards the conclusion of the meeting, when I feel irritated about the decision which JC takes. There was an inevitable build up to the state of irritation because of my lack of respect for JC's judgement generally, and his interest in trying to play a political game, which annoys me because his interests are in himself and not in MAS.

The constitutive rule of attribution is a way in which an emotion is explained. In this meeting, I was constrained to focus on persuading my Chairman. Because of the intention of the interaction, the expression of my emotions are suppressed in case their expression should cause JC not to support MAS in its future. I give out emotions of enthusiasm and determination, but inside feel angry and irritated.

The regulative rule relates to the kind of emotion which might be "achieved" in the circumstances. The regulative rule of appraisal, which applies to the suppression of anger and irritation and the expression of enthusiasm and determination, means that, under no circumstances can I express the emotions I feel as these will seem disrespectful to JC.

The regulative rule of behaviour likewise influences my expression of emotion, in that my behaviour demonstrates my interest and gives added weight to my persuasive arguments in the meeting.

The regulative rule of prognosis is governed by the timetable for the meeting. The timetable is set by the Chairman, which means that all of us present know how we have to behave, and how quickly, because of the known timetable. If the arguments are not persuading JC to MAS's advantage during the progress of the meeting, then

anxiety may be felt that time is running out, and that the future for MAS is in the balance.

The regulative rule of attribution suggests that my suppressed irritation at the conclusion of the meeting is attributable to the role of the Chairman and his ability to request me to do things for him, whereas if he wasn't Chairman I would have done things differently.

The heuristic rule determines the strategy of play. The heuristic style of appraisal reinforces my position of trying to persuade JC by expressing positive emotions in the meeting, whilst feeling negative emotions about him and what he eventually asks me to do.

My behaviour reflects this strategy. The prognosis for this is a single meeting. This is not going to be a drawn out process of persuasion. There are too many people outside the MAS to persuade for me to spend time on JC. Even with the relatively short period of a meeting, I am in no position to show aggression or impatience, as these emotions would work against me.

The heuristic rule of attribution accounts for my enthusiastic and supportive approach to the meeting, rather than being negative. I have to persuade JC to be supportive rather than turn him away from my intention.

Power, Status And Emotion

Mangham (1986) suggests that emotion is essentially and intimately concerned with the effects of power and status. I analyse my emotions in the context of the power and status perspectives on the relationships in this interaction.

The Relationship Between Me And JC

I describe earlier in this chapter my perceptions of relationships at this meeting. I perceive JC as a person placed in a position of responsibility, but without the skills to discharge that responsibility effectively. He never uses any direct forms of power, although, in this meeting, there is the constant undercurrent of power, in that JC could have decided not to support MAS. With this in mind, my apprehension concerning the meeting comes about from my perception of the possible use of coercion, although there is no threat of this in the meeting. I would regard the use of power as being excessive and unnecessary, the results of which might be catastrophic for MAS.

Outside the meeting, JC gives no hint of applying power, and I readily offer him status, which evokes the emotion of security in me, as my own status is voluntarily given to me by JC.

However, inside this meeting JC is in a position to exercise power, which I am expecting. This is because of the implied requirements of people outside the meeting placing pressure on JC. His own position with others is that of someone with no power, but having power applied over him. He may, therefore, feel a certain amount of anxiety in his interaction with the Regional Chairman, for example.

I feel a considerable amount of insecurity in this meeting because of the unpredictable response which JC may make concerning the future of MAS.

The Relationship Of JC To Me

JC sees me as naive in business and reckless. However, for whatever reason, he gives me status for most of the time. In this meeting my status is insufficient, which causes me to include GD in the meeting to enhance my status in the perception of JC.

I don't have a particular emotion about my status. I accept the situation for what it is, and become concerned about achieving a positive outcome from the meeting.

As the meeting progresses, JC is exercising power. I no longer have any status in his perception, largely because I am not playing in the political arena, and he is, and he thinks he knows how to play.

My feeling of irritation emerges as JC outlines his requirements. No overt coercion is applied, but the intent is always there. I feel irritation more than fear or anxiety; irritation because JC is calling the shots, and my respect for him is not high.

The Relationship Of GD To JC

JC gives GD high status, because of her profession, because she is a woman, and because she has abundant common sense. Anyone who can read statistics with a pound sign is accounted high status by JC.

At this meeting, therefore, JC regards GD with respect. She feels happy with this state of affairs, and it fits well with the need to persuade JC about the strategy. From my point of view, the status of GD is crucial in the debate. If she holds no status, then my ability to see the MAS strategy through will be impaired, as I hold no power over JC.

The Relationship Of JC To GD

JC provides GD with status. GD has a status in her relationship with JC. This status is based on technical advantage, and JC voluntarily complies with GD. There is no hint of JC applying power with GD, although his status, as perceived by GD is low. This makes

GD happy, and also makes JC happy although I cannot detect that each regards the other as having equal status.

The Relationship Of GD To Me

I give GD status because of her technical abilities, and other personal attributes. This makes her happy within MAS, and gives her the basis for being enthusiastic and positive about the future, and the basis of being persuasive with JC.

The Relationship Of Me To GD

I am in a position of responsibility over GD, but also have technical abilities. GD gives me status, which makes me feel happy in the relationship. As far as I am aware, I do not give any hint of exercising power either during this meeting or at any other time.

I have analysed this meeting from three points of view in relation to emotion. What arises from the analysis for me is that there is a perceived emotion arising from interaction, which can be explained by the interaction process itself (Averill), and that these emotions might be different from those which can be distilled from the analysis of power and status (Kemper). One is more concerned with the expected emotions in the circumstances and the other are reactive emotions based on judgements about other people in relation

to oneself, and one's own self-esteem. The former analysis uncovered emotions concerning determination and enthusiasm, the later apprehension and anxiety.

Professional Self-Esteem

In a curious way I did not feel my professional self-esteem was being challenged by this interaction. I regard the decision making process as being influenced by micro-politics, the self-interest of those engaged in the decision.

The decision making process was outside my control in this interaction. the decision was being influenced by people outside the MAS. My apprehension is created because of this point. without being accorded the status I would expect then I feel unhappy and apprehensive.

However, it is necessary to explore why I do not feel that my professional self-esteem is challenged. the people who are making the decisions about MAS are described by me as not having experience in consultancy, nor in establishing an organisation such as MAS. in other words I fail to recognise the value which Chairmen of Health Authorities might have in relation to my professional capabilities.

Comments from JC about my management capacities do not challenge my esteem. I merely bring to the meeting GD to provide the kind of support JC is looking for. A reason why JC's challenge does not challenge me is that I do not value his judgement, and, in any event, his judgement is not on my professional capacities, but on managerial ones.

There is, I believe, more than a hint of me not striving hard to overcome the hurdles implied by this interaction. I appear to react rather than overtly try and manipulate. In the early part of the interaction I try to persuade the Chairman about the strategy, but I realise that its content is of no great significance. What is required is what VS requires. At this point there appears to be no longer any need to justify the strategy. Such a reaction might have been perceived by me as a threat against MAS, and therefore a threat against me. But I do not perceive matters that way. I see others playing with the future of MAS, and me being disengaged from that particular game, not being able to play because none of the players of the game perceived me as a player.

A critical observation I make is that VS is not interested in the services which MAS will offer, he is only interested in financial viability. Earlier in this thesis I made the comment that the importance of finance was subordinate to the quality of what MAS produces as a service. My interest is in professional service, and

not financial management. JC, VS and others were not concerning themselves with the service, and I conclude that for this reason this interaction does not challenge my professional self-esteem.

CHAPTER 6

Introspection - Again

I argue, throughout this thesis, that the preservation of professional self-esteem, provides a context for, and is a significant influence on, my decision making.

Self-esteem is how we see ourselves. Argyle (1967, p.194) describes self-esteem "as a measure of the extent to which he approves of and accepts himself, and regards himself as praiseworthy, either absolutely or in comparison with others". On page 196 he argues that self-esteem is created by the reaction of others to oneself, particularly the reaction of those people whose opinion is cared about and whose judgement is respected.

My professional self-esteem originates from judgements made about me by my professional peers. My professional career is peppered with events and experiences where I have received positive support and judgements from those with whom I work.

However, to argue that my professional peers provide all the origins and stimulus for my professional esteem is to fail to explore why I am so forcefully driven to take decisions which clearly do not receive supportive judgements and opinion from my closest professional peers, whose professional judgements I often respect and admire, but whose opinion I reject under some circumstances, particularly those where opinions between us differ. Under these circumstances, where do I receive my positive judgements?

To answer this question I return to using the method of introspection. The significance of introspection lies in the observation of Mead quoted by Goff (1980) - "the locus of the mind must be social, but the focus lies in the individual". Introspection draws together the social environment with the private emotions of the individual living within the social environment.

I have taken four events to illustrate my decision making in 1986. They each, in turn, show me arriving at decisions which the events and the interaction on their own might suggest would have been different.

My decision to proceed with the engagement of the public relations firm when it was clear that they were not necessarily going to provide what the MAS needed is questionable. I was willing to spend money on this venture which MAS does not possess.

My decision to complete the catering study at all costs, even with the prospect of losing money, is questionable.

My deliberate pretence at knowing all about a management topic with someone expert in the field can be accounted for by simple salesmanship, yet if my role is perceived as a salesman my credibility and my professional self-esteem would be damaged, and my reputation, generally, within the NHS would be eroded.

My determination to overcome the interference of my Board and my Chairman is very strong, strong enough not to be over diverted from my overall purpose of bring MAS to independence.

Part of the method of introspection is interactive introspection (Ellis, 1991 p.30). This involves the subject exploring events with someone else, and through this process, drawing out the feelings and emotions related to the event. There is no therapeutic intent in the process, nor is there any structure, features which make the distinction between interactive introspection and, say, psychotherapy.

My supervisors and I have engaged in periodic interactive introspection, and it is as a result of this that further light may be shed on my decision making.

I have described, earlier in this thesis, my family background. I have also described myself. I now wish to venture further into my perceptions and feelings about my father. It is important, I believe, to appreciate that he was found dead during the course of this research, on the same day that AW rang me to express his dissatisfaction about the catering study.

My father was born into a well-off family with sufficient finances to enable his own father to effectively retire in this thirties and

pursue his hobby of making violins. Although my father had siblings, he was the only child to survive to adulthood. His mother died when he was about three years of age.

My father attended Newcastle Grammar School and then went to the Medical School in Newcastle-upon-Tyne (then part of Durham University). He was a brilliant student in a brilliant year. His year and the year before and the year after produced a crop of doctors who have made a significant impact on medicine and medical practice. My father obtained a first class degree, his doctorate shortly afterwards and at the same time as his professional membership, and diploma in child health. He was absorbed by his work. He obtained the most prestigious jobs of the day in the Royal Victoria Infirmary in Newcastle. Upon the outbreak of war he left my mother and went off for five years. Shortly after leaving, my brother was born, and the two of them were not to see each other until my brother was five years old.

My father returned relatively late from the war, found his former positions in Newcastle already taken, but was successful in being appointed as the first Consultant in Dryburn Hospital, Durham. He set about building that hospital up, both in range of facilities and in quality. In the 1950's he was asked, as a result of his efforts, to draw up plans for a medical school in Durham. They eventually came to nothing as a policy of no more than one medical school in

each Region was introduced outside London. During the 1960's and 1970's until his retirement he practised medicine in a manner which people admired. He was a member of the Regional Health Authority for 25 years, being Vice-Chairman for a time and acting as Chairman for a brief period. He received many awards and his own profession recognised his abilities with merit awards.

All this paints a picture of an able man, successful in a profession full of able people. The significance of my father in the way I conduct my life is, I argue, considerable.

I perceive my father as being a 'success'. His patients hung on to every word he spoke; his staff were always attentive to what he said. Whenever I went to Dryburn Hospital, everyone was extremely pleasant and courteous to my father. The total impression I gained was that everyone I knew respected his opinion, valued his common sense, and liked him. I have never heard anyone say a word which is in any sense critical of him.

I was effectively away from home for five years whilst being at school in Edinburgh. However, I was at University in Durham where my parents lived, mixing with people who knew my father. He held a high reputation in the City, and in recognition of his links in the City was made a Fellow of University College (The Castle) in Durham

- one of two (the other being my father-in-law, the local Crown and County Court Judge).

My perceptions of my father are these:

His common sense, interest in people and care for his patients made him a very powerful person in my life. Unlike other dominating people who impose themselves, my father never imposed himself. He possessed a bad temper, and was vulnerable to migraine which made him irritable, but his 'power' came from his ability to become engaged in me and my activities. He was always capable of success in an argument and his knowledge of ordinary everyday things was awesome. His interest was total - for example, his knowledge of history, literature, current affairs, birds, plants, the planets, wild life generally, was as great as any. So, my fathers domination was through the use of common sense.

Family life was never straightforward and often turbulent, like any other family. This was due to other members of my family, including myself, having been encouraged to think and do for ourselves.

My father had a conventional career, interrupted by the war. He did all the 'right things' - grammar school, scholarships, medical school, marriage, family, consultant appointment, house in the city, cottage in the country, dog, two cars, sons to public school, retirement to the country, and so on. He was not an adventurous

person. He hardly went abroad, for example. His hobbies were salmon fishing, gardening and antiquarian books. This last hobby was his most long lasting, and, perhaps his most adventurous activity. He bought and sold first editions. He read them all. He was well known in the market. After he died his library was sold as the Mowbray Collection, and raised sufficient funds to support my mother comfortably.

It is this combination of talents and interests which were manifested in a gentle man.

The impact of this man on his sons is, I argue, a driving force for me.

My brothers reaction to his father is relevant. My brother went to public school, obtained entrance to the same Medical School as his parents, obtained the same degree and the same jobs in the hospital as my father. As a person, my brother was rebellious. Public school career ended early (for reasons these days would hardly be a talking point), and the antics of medical school greatly appealed to him.

But my brother found it difficult to remain within close proximity to my father. He had, after all, gone through Medical School close to home. It would be normal to move away from parents but my

brother's departure overseas was more dramatic - it was a deliberate act to move far away from the Mowbray 'name'. My brother found it hard to operate as a doctor in the same location without being coupled with my father. Some people may find such an arrangement comforting, but my brother did not. A cause for this may be rivalry. My father returned home from war when my brother was five years of age. This may have started a relationship in a direction which resulted in ultimate, and virtually total, separation.

My brother went first to Jamaica and then Newfoundland in Canada. My father visited my brother only once or twice in fifteen or so years.

My perception of the relationship between my brother and my father is that my brother had to escape from the professional domination of my father in order to survive. The fact that my brother left the country was one of the most emotionally damaging experiences of my own life.

Although my brother is five years older than myself, and I hardly know him, I greatly admire him. I admire his abilities as a doctor, and when we do meet, I derive a sense of support and encouragement from him. When he left this country I was at University, and I felt as though my world had collapsed. I knew the reason for his departure, and saw in my parents the pain. It was a pain that never

diminished. My father believed that my brother's departure deprived this country of a skilled and superb doctor. My brother's departure also deprived my father of someone, in the family, to talk to professionally. This may be an unkind observation with respect to my mother, who was also a doctor earlier in her life, but I believe my father saw in my brother a professional equal. My brother rejected the closeness which I perceived my father was seeking. The departure of my brother left my father bereft, and left me without a friend.

I witnessed the pain felt by my parents as I remained at home during this period. I remember having a conflict of emotion over my brother's departure. I admired his determination to do something his own way - to leave his homeland and start afresh somewhere else. I thought that was extremely brave, particularly as he had the choice of good jobs in any part of the United Kingdom. I admired his strength.

Conflicting with this was the pain suffered by myself and my parents. In this context it is the pain suffered by my father (although my mother experienced no less anguish). My father, from that time onward, made virtually no attempt to make contact with my brother and effectively blocked him from his mind.

At the time I could not understand why my parents would not visit my brother. They refused to attend his wedding; refused to provide financial support; refused to talk about my brother.

I made it my business to defend my brother. Whenever any parental benefit came my way, I always persuade my parents to give the same benefit to my absent brother. The most recent illustration of this is in the estate of my father. I am advantaged in his Will over my brother. My action has been to change the will (following all the processes involved) so that both sons are treated equally.

All of this, I believe, forms the backcloth to my actions.

It seems to me that my admiration for my father was coloured by his relationship with my brother.

The fact that my brother's departure caused so much pain for my father created in me a determination to do something which my brother failed to do. I aimed to gain my father's respect, whilst doing what my brother was embarked upon doing - doing his own thing in his own way.

I had one major advantage over my brother. I was not medically qualified, and had no interest in being a doctor. But I was

interested in the whole field of health care, a sufficiently close interest for my father to take an active concern in my work.

I am by no means as intellectually capable as either my brother or my father. But after University my intellectual and other talents began to emerge in obvious fashion. The story of myself, in this respect, has been told. But I very soon was gaining fellowships, important posts and so on. I was demonstrating to my father that I can do my own thing, without his direct influence, and remain in this country.

Remaining in this country was an important consideration. After my brother's departure I could not contemplate working or living abroad. Up to my brother's departure I had wanted to travel and see the world. I had been accepted to undertake a higher degree at the University of Kingston, but had to turn it down. I had to remain in the United Kingdom. I could not bring myself to inflict any further pain on my father.

My argument is that my professional self-esteem is derived from the judgements my father makes on me. I argue that his opinion of me is crucial to my actions, and that my actions are influenced to a degree by the maverick behaviour of my brother. In other words I have tried throughout my adult life to demonstrate to my father that one does not need to follow a conventional path to be successful.

It is possible to be unconventional within the health service and obtain positive judgements and be successful. In a sense I have been challenging both my father and my brother. My challenge to my father has been to obtain his admiration and support for doing unconventional things within healthcare, whilst my challenge to my brother has been that I, too, can do unconventional things without leaving the country and causing so much pain and emotional distress.

A critical factor in this argument is that my father respects professional success. I interpret this to mean that professional colleagues bestow status on the basis of respect and acknowledgement of professional skill. I was receiving professional respect from my colleagues for my work in MAS, and earlier in my career. Therefore, I argue, so long as I remain professionally successful, my unconventional approach to individual matters were unlikely to gain my father's disapproval. It was a point, however, I was challenging all the time. I wanted to establish at what point I no longer received the positive judgements from my father. I wanted to tease out why he rejected my brother so easily, yet continued to give me positive judgements when I was clearly undertaking actions he would, on the surface at least, have little sympathy with.

This challenging also involved my questioning of medical practice and some of the 'sacred cows' of medical intervention, a form of challenge originating from my time at St. Thomas Hospital and which

I knew my father would find uncomfortable yet could not dismiss on intellectual and scientific grounds.

The overall umbrella of success provides a basis for understanding why I was counter-dependent on my father's judgements on individual matters. I was challenging him to provide positive judgement in circumstances when his own values and experience would indicate that such judgements were unlikely to be forthcoming, and yet, because of my fathers respect for professional success he was being persuaded by me to acknowledge that unconventional approaches to matters could contribute to success. If I could persuade him to acknowledge this, then I could argue for the bridging of the rift between my father and my brother.

My father's wisdom, common sense and interest in people has disappeared in relation to my brother. There is no wisdom, common sense or interest within a parent who withdraws from the life of his child. I had to preserve these features of my father in respect to myself. My admiration for him was such that I could not lose him in the same way my brother had.

My argument is that the audience for my actions in my professional life has not been my professional peers but my father, and that this fact accounts for my determination to take decisions I believe to be

appropriate in the face of lack of support or low esteem from my colleagues.

I needed to preserve my father's positive judgements whilst undertaking an unconventional career. This I perceive as a challenge to my father to acknowledge that 'success' can be obtained from an unconventional career, and to my brother whose departure from this country to pursue his unconventional career caused so much pain to my father and to myself. On one hand I believe my father's general wisdom deserted him by his rejection of my brother; that it was extremely short sighted of my father not to understand my brother's need for independence to pursue his own ideas. On the other hand I believe my brother could have fulfilled his desires by not leaving this country in such a dramatic and devastating manner.

I will now turn to each illustration of decision making.

The decision making process involving the public relations firm embraces many thoughts which link my decision to the issue of conventional and unconventional action. I discuss the matter of publications as being the conventional method of publicising high quality work, appropriate to the research and medical world. I had already achieved much in the conventional aspects of publications, even though publications do not come easily to me. In this situation I was seeking something which would not cause my father to

respond negatively, and yet not pursue the publication avenue, in a conventional sense.

In this context my father can be perceived as representing the faceless clients who I wish to influence. The unconventional aspect of this process is discussing the whole matter with a commercial public relations firm, something completely beyond my father's knowledge. He would, therefore, not be in a position to win an argument about publicity, not having any concept of what a public relations firm engages in. None of us, from the MAS, involved in this decision knew very much about public relations firms, but for my part I wanted to try this unconventional approach to see if it would work. I wanted to demonstrate to myself that such an organisation is capable of undertaking subtle publicity and is not simply concerned with sensationalism, so that I could show my father that such an unconventional idea can produce a successful outcome.

One aspect of my father's personality is that he would make clear his disfavour of me not pursuing the conventional, but having pursued a particular idea, and it failing for any reason, he would not say anything detrimental. He would merely express that the event be put down to experience. His stance would be to provide support in the face of potential failure. This may have come from an underlying belief in my abilities. Whatever the background, the

reality for me was that I would be unlikely to lose his respect by failing at something.

Thus, the possible prospect of making a mistake by appointing the public relations firm held no fears for me, because I knew my father would not be angry or upset or in some other way express disapproval. The prospect of my Chairman and colleagues reacting negatively to this idea carried little weight with my decision to proceed. What counted was gaining positive judgements from my father.

It is also significant that I was not in frequent communication with my father. After leaving University I would visit home monthly, but not for long. My threshold was reached after about 36 hours. There were few telephone communications between meetings. It was not a situation where I was ringing in for approval, nor did I ever seek prior approval for anything I have undertaken professionally. It was more a case of me recalling events, when we met, and discussing some specific matter.

I do not remember discussing the issue of publicity with my father. I knew, or imagined I knew, what his responses were likely to be. They were:

- o publications should be obtained for one's work;
- o promoting oneself is non-professional;

- o public relations firms will waste money;
- o projecting a false image is not professional.

These possible reactions to publicity were never voiced. They were, however, voiced by my colleague and friend MLS, but carried little influence in my decision making. My suspicion is that my father would not raise these points - merely think them.

In the publicity illustration I was wishing to demonstrate that by commissioning a public relations firm I would be advancing the fortunes of MAS using unconventional means. I went against the wishes of my colleagues, and put aside my feelings concerning some aspects of the firm itself. I was aiming to receive positive judgement about my idea from my father, and if I picked up some positive judgements from other people as well, so much the better.

The idea collapsed in three months. My father knew nothing about the idea. The negative comments from my colleagues meant little. It might have been a success.

With the Bath catering project, I saw a real threat to the MAS as a whole and therefore a threat to the success of the venture. Having embarked on creating and developing the MAS, the processes of how I achieved my goal were of less significance to my father than the overall success of the venture.

In this illustration it was extremely important to me to gain the confidence of AW so that I could continue with the project. However, this was no short term problem. I saw the issue as having a long term detrimental affect, and failure of the MAS would be letting my father down.

I may see in this illustration the possibility that my father regards himself being let down by my brother, and my determination not to let him down again.

There is little doubt that the illustration with AW highlights the relative ease with which I could commit non-existent MAS money to keeping a project going - an unusual thing to do, perhaps, unless there was a really significant reason for doing so.

The failure of the MAS would undoubtedly cause me to lose status amongst my professional peers. In 1991 when the prospect of losing MAS became real I was completely unaffected by the possibility of losing professional self-esteem from among my peers. I felt as though I would be letting my father down, and in 1991 he has been dead for five years.

So the illustration concerning AW was part of a mosaic in which this particular piece could have influenced the whole, and brought about dire consequences for MAS. That had to be avoided at all costs.

It is, perhaps, significant that my father was found dead during the period of the discussions with AW. His death made it even more important that the project should succeed, and that his life and my enterprise should not collapse and die together.

The only unconventional aspect of my meeting with DS was my pretence at knowing a subject of his particular interest. This was part of my determination to seek work for MAS, so that it could prosper and become successful. In this way I would receive positive judgements from my father and maintain my professional self-esteem.

With respect to my meeting with the Chairman of the MAS Board, my respect for the Chairman personally is low. I suspect that a possible reason for this is that I find him an irritant without any of the attributes possessed by my father. Whilst JC possesses common sense and wisdom it is not of the order beginning to approach that possessed by my father. My respect for JC does not exist (in his capacity as Chairman) and I feel that this is because JC does not compare favourably with my father.

The overall context for the meeting with JC and the subsequent Board meeting is concerned with making MAS a success. A process in achieving this is through independence. The need to ensure MAS is a success is all bound up in my desire to receive positive

judgements from my father, thus preserving my professional self-esteem.

A case can be made for arguing that my determination to succeed should be progressively linked to the opinions of my professional peers since my father has died. I should be seeking the positive judgements of my peers, be seeking their approval.

I believe that, in a limited way, that is now beginning to happen. Recently I have been in discussion with colleagues about the future shape for MAS and have responded positively to all the propositions that have been made.

However, it must also be recognised that recently senior members of MAS have signalled their intention to leave. This may be coincidence or it may be a reflection of my behaviour towards my colleagues, which effectively raises in their minds their value to me.

This issue of my colleagues value to me is another matter raised in my diary (Appendix B). On 27th June 1986 both MLS and GD criticise me for ignoring the opinion of colleagues when I take decisions. I note in the diary that such criticism is regular - every six months or so.

I have always found the criticism perplexing, as I have always thought that I take into account and think hard about all the comments which my colleagues make concerning the MAS.

I now understand that my colleagues perception and their value to me must have been low, as I must have been setting aside their observations about matters to enable me to say to my father that the ideas behind MAS are mine, not anyone elses, so that I individually could receive his support and praise.

Through the method of introspection I have been able to identify a significant influence on my decision making. The significant influence has been the audience for my actions, who is my father. It is from him that I have sought positive judgements about my professional activities, not simply because he was my father but more subtle because of his relationship with my brother and my perception of my father as an able, wise and gentle man, hurt beyond question by the departure from this country of my brother, driven out in effect by the very success of my father in his chosen profession. My actions take on the appearance of trying to be both substitute for my brother, yet maintain my independence by challenging my father to accept that success professionally can also occur for those who choose to tread an unconventional path.

In this analysis the private world of the individual has a significant impact on the social world, and the social world of conventional career path or unconventional career path has had a significant impact on the private world of the individual.

CHAPTER 7

Conclusions

When I commenced this piece of research nearly six years ago, my aim was to explore the influences on my decision making. At that stage I had no clear framework of how I might embark on this exploration, only a method, and even the method has been modified over the period.

What have I discovered over these years? I have found that I have:

- o a very strong strategic purpose, which I had concluded to be mainly to do with the MAS;
- o an even stronger strategic purpose which goes beyond the MAS;
- o a determination to maintain professional self-esteem;
- o gained some of this esteem from my professional colleagues and friends, and more significantly, from my father;
- o the ability to set aside the opinions of those closest to me professionally, in favour of demonstrating my ability to do things my own way to gain esteem from my father.

The process of unravelling these findings has taken time, and has meant my pursuing lines of enquiry which no longer form central themes of this thesis. Only recently has the notion that

professional self-esteem is important to me, and therefore, only recently have I formulated the hypothesis that my decisions are heavily influenced by my emotions and the need to preserve my professional self-esteem.

I started my research by recording the main events of my working day over a 72 day period in the middle of 1986. I used a tape recorder for the purpose, and often dictated my comments and observations whilst driving my car.

During the course of my period of data collection my father was found dead in a hotel room. Whilst this event is significant in its own right and affected me in the way these things do, I made no connection between my father and my decision making. It seemed to me at the time that an aspect of my life had changed, but not that part concerned with my professional life. His death was unexpected; he was in Manchester sitting on a tribunal concerned with compensation claims for members of the services, when he failed to attend.

My method of data collection is, in many respects, opportunistic. I did not follow a strict regime for recording, and made recordings when I remembered. The recordings were not directly made of conversations, but my interpretation of the events of the day.

Later I was to augment these recordings by the entry for each day from my diary, from my time sheets, and from slightly more official recordings, such as minutes of relevant meetings.

I looked at my data for several months. I must have read my diary many times. I started to play around with the use of words, counting different words and my frequency of their use. I moved on to use the technique of mapping (Eden et al, 1983) and could draw no useful ideas from this. I realised that I was becoming too detailed in my analysis too quickly. I was missing the obvious by rushing into the language and the detail of themes. I was lacking a framework.

I then stood back from the diary and asked myself some basic questions, the kind of questions I ask my clients. "What is the purpose of x? What are you trying to do? What tasks are you trying to perform?" The answers were easy to extract. I was trying to create a management consultancy within the health service, but independent from any health authority, and I wanted it to be the best management consultancy around.

So, my data collection was obtained during a critical period in the development of my overall aim. I was collecting data at the time I was trying to bring the MAS from a situation of being grant supported (by the Department of Health and Social Security now

Department of Health) to being free standing and independent yet closely linked to the NHS.

By standing back from my data I could see that I was engaged on two tasks at the same time. I was engaged in fulfilling a longer term aim for MAS to be independent, and, at the same time I was engaged on everyday matters which were more immediate but which were all aimed at supporting my longer term aim. Thus, my first significant discovery was that my decision making was governed by my strategic intentions, and that my daily decisions (or operational decisions) had strategic intentions in mind. (For example, making sure that the office procedures were in place effectively would create a positive impression amongst clients who would feel confident about commissioning work from MAS, thus providing evidence that MAS could survive on its own.)

In answering the question "What tasks are you trying to perform?" I arrived at my second significant discovery. Although I was heavily engaged on managing the MAS, and providing leadership and making sure events happened appropriately, I was also undertaking project work. I discovered that whilst I might have a pre-occupation about managing the MAS, I was also the most experienced and qualified consultant who was appointed Director of MAS on my combined experience of manager and researcher. I discovered that a third type of decision making was concerned with providing professional

advice to clients, and that without my decision making in this arena there would be no MAS.

All these discoveries now seem obvious. At the time it took effort to see the larger picture. At least I now possessed a rudimentary framework within which I could return to the data and look at it in more detail.

What I then discovered was extremely interesting at the time, but which has faded in significance as other matters have unfolded. Some of my strategic, project and operational management decisions are initiated by me, and some I react to. I describe these as push/pull decisions, and having explored my data I discovered the following:

- o Push decisions are those which are in the context in which they are made. They are active, requiring a thought process which maps out the future actions to be taken.
- o Pull decisions are more often defensive or re-active taken with a short term effect or implication.
- o Push decisions are normally within my own control.
- o Pull decisions are outside my personal control.

- o Push and pull decisions are not necessarily exclusive to each other.
- o Push decisions may be used deliberately to create pull decisions, when the push decisions are aimed at creating a conflict or organisational disturbance, which creates a reaction directing me to take pull decisions.

At this point in my research I needed help. What I had discovered was interesting yet could be dismissed as common sense, and applicable to all managers of organisations. I had not answered the question about the influences on my decision making in any detail.

For the first time I turned to the literature. I was guided by my supervisors to start at the beginning and examine what others have had to say about decision making. I quickly pass over the now classic models of Allison (1971) and become concerned about the individual in the decision making process. This research is, after all, about my personal decision making. I am attracted to Steinbruner (1974) because of his hypothesis that individuals influence organisations and decision making, and that personal aspirations make an important contribution to the decision making process.

In my case it is the personal aspiration of a leader of an organisation which is relevant. It was Sarason (1971) who opened the tin lid of what I needed to do next and I quote again from the introduction to this thesis (p.185).

"When leaders talk of the experience of leadership they talk far more about the role of that person, far more about duties and responsibilities than about the maelstrom of feelings, fantasies, ambitions, conflicts, guilt and joy that are always in the picture ... They give us a job description and not a personal experience. They talk about the importance and pressures of decisions as if they were engaged in the chess game, and there are some similarities, but they neglect to mention or are ignorant of the phenomenology of the chess player - how he experiences the game, how it changes over longer periods of time, and what keeps him going and why he sometimes stops".

I needed to explore myself. I needed to discover matters about myself which might shed light on my decision making. I also needed to examine my experiences of decision making. I had to return to the data and go beyond it into myself.

I started by looking at me as a leader, and found that some of my personal characteristics accord with writers in this field. I envision (as described by Srivastva (1984) and my envisioning is

devised by me to be successful (p.3). Part of my 'problem' is that I have the characteristic of an entrepreneur (p.5) and my strategy for MAS is a personal vision of the brain (Mintzberg and Waters, 1984 p.164).

This was all very well, but I needed to know more about myself as a person. I then followed Sikula (1971) and explored my values by looking briefly at my background. I identified, what I believe to be, key influences - a family orientated almost exclusively towards patient care, professionalism, and an early experience of managing people.

It was during this examination, combined with an exploration of my career and the emergence and development of MAS, that the importance and significance of myself became clearer. Not only did I need to know more about myself, but the significance of myself in my school, career and in the MAS was staring at me. This may seem obvious in retrospect, but before examining my data and the literature these matters were obscured.

I observe that I derived significant personal esteem from the positions I held at school and in my career, and I show great delight in describing the background to the MAS, its hurdles, and its achievements. A picture of me was emerging which shows me as

being determined to succeed in my aims (whatever they may be at the time).

I discovered that my background, school, career and challenges surrounding the establishment and development of MAS all contributed to a person who is clear about what his aims are and determined to achieve them.

I had yet to establish the influences on my decision making. In order to do this I was guided to the theory of symbolic interactionism. The combination of the individual acting with others in a context, and that life is lived in this way, is a framework which is appropriate for my purposes. It allows me the opportunity of analysing myself in the context of events and the company of other people.

It was at this time that my method of analysis changed. Up to this point I had viewed the data as a whole, identifying some significant themes and patterns and making observations. Now I was focusing down on particular events as illustrations of my decision making.

I chose these particular illustrations because they embrace some of the discoveries I had already made. The push decisions in the illustrations from Public Relations and Catering; the pull decisions in my meeting with a client and my Chairman. The strategic

decisions reflected in Public Relations and the meeting with my Chairman, and the operational decisions which affect the strategy in the illustrations of meeting a client and the catering study.

I also introduced a method of introspection. This method enables me to reflect in depth on my feelings and emotions in relation to the event, in order for me to understand these events more fully.

I analyse each decision making illustration using the theory of symbolic interactionism as an umbrella. Within this umbrella I also analyse the events by exploring negotiation, emotion and esteem. My reasons for including emotion and esteem are that these are connected and both have a connection to symbolic interactionism through power and status.

I had also earlier observed that I receive esteem from my school and professional career, and formulate from this the hypothesis for this research - that my decisions are heavily influenced and motivated by my emotions and the need to preserve my self-esteem.

In the first illustration, concerning publicity and the Public Relations firm, I discover my ability to put aside the opinions of others and the expected conclusion to the interaction, and to make a decision which, in many ways, flies in the face of the events. There were multiple meanings of the interaction, not least my own

ideas about publicity and those of the firm. There are also a number of paradoxes in the illustration. I was clear about what I was seeking. Yet the firm was clear about what it could offer which was different, in a significant manner, to that which I was seeking. Yet, I set aside all these messages, and the prospect of receiving little or no support or esteem from my professional colleagues, and go ahead to commission work from the firm.

Although this interaction involved relatively few people, the topic was one which involved a number of people beyond the meeting, particularly the MAS team, whose futures, to some extent, depended on how the publicity issue was being handled. Still more significantly, the MAS image and future could be influenced positively or negatively by the decision to use the firm. With my own obsession about the long term prosperity for MAS, a decision to undermine that strategy seems foolish. The Public Relations firm was clearly inappropriate for the MAS and this is clearly demonstrated by the interaction. Yet, I went ahead with the commission. I appeared not to be motivated by professional self-esteem in this situation. There had to be other influences on this decision making which had not yet been uncovered.

I discovered that I could take decisions which, on the surface, appear to be contrary to my overall aims for the MAS, and therefore unlikely to yield for me the professional self-esteem I seek.

My next illustration is the catering project. Much is at stake in this interaction. My own professional esteem is potentially severely damaged, and the future for MAS is realistically under threat. I am prepared to do anything in order to retrieve the situation, even to the point of undertaking work for no guarantee of income.

There comes a point in this interaction where my determination to succeed eclipses the desire of my client to terminate the contract. There is a desperate air to the negotiation.

I discovered that my determination to succeed goes beyond the events of a particular interaction, and that I am driven by a fundamental wish to succeed that I am capable of deciding to lose money rather than esteem.

In my next illustration I discover my ability to expose myself in situations which create tension. I undertake such personally difficult events in order to gain credibility for MAS and professional self-esteem. In this illustration I discover that I can undertake a seemingly foolish act of pretending I know about something with an expert in that particular field. The inevitable happens, with no commission. I discover that my efforts in achieving my aims for MAS can go "over the top" and achieve nothing.

Finally, I discover that the panoply of my Board and all its antics means little to me. I derive my professional self-esteem from elsewhere, and not from my Board. Normally, it might be expected that I would derive my professional self-esteem from such close colleagues as my Chairman and my Board, but this is not the case. I conclude that because these people are not interested in the work of MAS, but the politics surrounding it, then they make no contribution to my professional self-esteem - I derive positive judgements from elsewhere.

There is little literature about self-esteem and its influence on decision making. Argyle (1967) and Rosenberg (1981) suggest that the main origin of self-esteem is probably from those whose judgements we most respect. With respect to the illustration on publicity I respected no one's opinion. I have great respect for AW at Bath but did not respect his judgement on the catering project. I have great respect for DS at Frenchay Hospital but felt compelled to pretend I knew as much about a topic as him, and finally, my respect for my Chairman and Board members is virtually nil.

Lauer and Handel (1977) have guided me in the direction which may reveal the significant influence on my decision making. On page 109 they outline the ingredients which create positive self-esteem, which includes, for adolescents, a close relationship with ones father, only children, and parental interest.

On the surface I do not neatly fit into these ingredients. As an adolescent I was away from home for most of each year. I possess a sibling, and my parental interest in me was not specific.

However, with the assistance of some brief interactive introspection with my supervisors it became clear that there was an influence beyond the MAS and beyond each interaction which influences my decision making.

I have discovered the significance of my father in providing me with professional self-esteem. This discovery has been made by reviewing the characteristics of my father as a clinician and person, who heavily influenced my values and professional outlook. I have also reviewed the painful events surrounding the departure of my brother, effectively leaving me without a sibling.

I created the environment which enabled my father to take an interest in me, and I also developed a close personal relationship because of this interest.

I discovered through introspection that my strategy for MAS was essentially a strategy to demonstrate to my father that in his eyes personal success can be achieved by undertaking the unconventional, something he rejected in my brother the day my brother left his country.

I argue that my father shows none of his intelligence and wisdom in his relationship with his elder son, my brother. I believe my father had no grounds to perpetuate a break in his relationship with my brother. My brother is professionally successful. His 'fault' was his need to live some distance from my father because of professional competition between them, compounded, perhaps, by the fact that my father was not present during the first five years, critical years, of my brother's life. There was an estrangement.

I sought my father's positive judgements because of the value I placed on him. At the same time I wanted to challenge my father to provide me with professional self-esteem. By not rejecting me in the same way he rejected my brother I was demonstrating to my father that a successful career is possible even by pursuing unconventional decisions, and that his positive professional judgements of me doing unconventional things could equally apply to my brother. Should my father be shown that success is possible by pursuing the unconventional, then my father would find it difficult to argue for the continued estrangement with my brother (who was equally pursuing a successful career unconventionally).

My hypothesis that I am motivated by emotion and professional self-esteem has been argued. It has taken many years to find meaning and plausible explanation for my actions, but I now feel comfortable with the explanations I have discovered.

I feel less comfortable about the effect I have had on my colleagues and professional friends whose lives have been affected by my actions, some for the better, and some for the worse. The fact that from February 1992 I shall be the only full time member of MAS may reflect strategy, coincidence or a perception in others that I may not value them, which in truth, is far from the truth.

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APPENDICES

APPENDIX A

The Background To The Management Advisory Service

During the Royal Commission on the NHS between 1976 and 1979, two themes of monitoring were presented in evidence. In 1978, Pethybridge (1978) proposed a National Health Services Advisory Authority to replace the Health Advisory Service and "to provide an efficient mechanism for the development of comprehensive national standards; impartial assessment of practices within the service; the dissemination of good practices; and the reinforcement of public accountability". It was of general opinion that this would generate a national inspectorate of health services, along the lines of the schools inspectorate.

The second theme was developed originally by the Outer Circle Policy Group which called for the remit of the Health Advisory Service to be extended to incorporate the acute health services. This was subsequently modified through the assistance of the Institute of Health Studies at the University of Hull and the Royal Institute of Public Administration (Hunter, 1981) into an idea of a development agency, an idea which was elaborated on even later in response to the consultative document "Patients First" (1979) - the Government's response to the recommendations of the Royal Commission.

The document "Patients First" outlined its approach to monitoring. Paragraph 38 - "It has been suggested that, on an experimental basis in one or two regions, responsibility for monitoring the quality and efficiency of the ways in which health services are managed, and for advising on the development of services at district level, might be

discharged, not by the RHA (Regional Health Authority), but by an advisory group of experienced officers, who would report to the district health authority, with copies to RHA". This paragraph eventually stimulated experiments in monitoring health care which became known as the Management Advisory Service trials.

A fourth source of ideas came from the Wessex Regional Health Authority. The Regional Monitoring Policy, established in 1977, was based on the concept of performance review against standards established by collaborating health districts. In essence this was a self monitoring approach using staff within the organisations themselves, and not relying on any external facility.

All these ideas dovetailed reasonably well with the trend towards devolving decisions to the operational level. Included in these ideas were the proposals concerning the MAS experiments. The specific proposals for the MAS experiments expressed the Government's aspirations for decentralised decision making and the belief that the NHS would benefit from "the challenge and stimulus of independent scrutiny and check".

The MAS Experiments

The three MAS trials, the North Western Region; the Oxford and South Western Regions and the Wessex Region, were launched after a meeting of Chairman of Regional Health Authorities and the then Secretary of State, Patrick Jenkin, in November 1980. At this time the government was preoccupied with the concept of delegating

responsibility whilst strengthening accountability back to Parliament. In the Parliamentary session 1980/1981 both the Committee of Public Accounts and the Social Services Committee discussed the proposals for the establishment of the MAS trials. As part of these discussions, to reinforce the decentralisation of decision making and strengthening of the accountability of the NHS, the Department of Health and Social Services (DHSS) set out its own interpretation of the purposes of the MAS trials as follows: "The MAS will complement the monitoring role of RHAs: it will introduce a "roving eye" approach at the national or regional level in which intervention is more selective, either on a regular basis or in response to specific causes for concern. The MAS should also help to strengthen local accountability by giving district chairmen and members an independent assessment of the services for which they are responsible. Thus the Department sees the possible development of an independent "monitoring" service as an important instrument to meet the requirements of Parliamentary accountability without undue involvement in district affairs by RHAs and the DHSS". (HMSO, 1981a).

The Public Accounts Committee endorsed the ideas behind the establishment of the MAS. The Committee hoped it would be "effective in spreading good practice more widely, and that if necessary, the DHSS will ensure that its recommendations are implemented". (HMSO, 1981b).

In May 1981 the DHSS described the trials in more detail to the Social Services Committee. In the North Western Region the trial would be on the basic theme of that put forward by Pethybridge (op

cit), and the object of reviews would be to look at the quality, efficiency and effectiveness of the service provided by the authority operating within financial constraints. The Oxford and South Western trial would establish its own method of working and would aim to examine selected operational services, compare performances, identify differences and deficiencies and alert authorities to the need for change. It would disseminate information on the development of good practice. The Wessex Regional trial would be the development of its performance review approach and would examine selected services. Explicit standards for services would be agreed by the authority concerned.

The Wind Of Further Change

However, the wind of change was already blowing on these trials. In 1982 the Social Services Committee returned to the role of the MAS when it discussed the 1982 White Paper on Expenditure. In this context the DHSS briefing of the Committee stated that the MAS was to be seen as only one of the initiatives to stimulate better performance amongst health authorities. The 1982 White Paper on Public Expenditure (HMSO 1982) was to stimulate a revision of the trend to decentralise decision making. Issues of accountability and control of expenditure and policies were now at the centre of government initiatives in the NHS. In 1982 the Secretary of State initiated a NHS Management Inquiry under the chairmanship of (Sir) Roy Griffiths, the result of which has been another restructuring of the management arrangements and the introduction of much sharper

management practice based on the concepts of general management and personal accountability. (DHSS, 1983).

The revision of the trend towards decentralisation was supported by the centrally established initiatives of the time, most of which were aimed at improving accountability for the management of the service to Parliament. Amongst the early initiatives were these: 1. NHS to improve accountability - introduction of departmental reviews 22nd January 1982. 2. Financial directions to health authorities February 1982. 3. NHS Planning system introduced again March 1982. 4. Independent audit March 1982. 5. Introduction of Rayner scrutinies April 1982. 6. Appraisal of development options May 1982. 7. Management Advisory Service June 1982. 8. Resource assumptions 1982. 9. Review of Family Practitioner Spending July 1982. 10. Review of Audit August 1982. 11. Management Inquiry February 1982. 12. Cash Limits and Manpower targets August 1983. 13. Management of NHS Estate February 1983. 14. Performance Indicators September 1983. 15. Contracting out September 1983.

The Oxford And South Western MAS Experiment

In this changing environment the Oxford and South Western MAS experiment began in May 1982, a month before the official notice of its commencement. Eventually, its official starting date became October 1982, a matter of some importance as the experimental period was to last for two years from an agreed date. The experiment in the Oxford and South Western Regions was funded by the DHSS through a special grant of £180,000 each year. Originally, the administrative arrangements for the experiment through the Oxford

Regional Health Authority. However, it soon became clear that the interests of the MAS team were better served by the arrangements being undertaken by the South Western Region, who were clearly more interested in supporting the experiment.

Despite the passage of time between the announcement of the experiment in 1981 and the launching of the experiment in the Oxford and South Western Regions in May 1982, and the changing interest in the experiment from the national perspective over this time, the two regions were sufficiently interested to press ahead with the establishments of the MAS team in early 1982. The first appointment to the team was myself as the Director. I was recruited from St. Thomas' Health District, London, after national and international advertisement. It was my task to recruit the remainder of the team.

Supervision Of MAS Experiment

The Oxford and South Western experiment was supervised by a Supervisory Board which had as its members two RHA chairmen, (one from Oxford; one from South Western) two district chairmen, two Regional Administrators, two Regional Medical Officers and an independent member from outside the NHS. The terms of reference for the Supervisory Board were: "To establish and operate for a two year period starting on 1st April 1982, a structure to assist health authorities to monitor subjects concerned with management practice and performance within the Oxford and South Western Regions. The Supervisory Board and its supporting team, whilst part of the NHS, will act independently of Health Service Authorities. Its activities will be complimentary to the normal and proper monitoring

responsibilities of the Authorities within the two regions. The Supervisory Board will agree a number of subjects for study, and if possible, use systematically obtained information for this purpose. The exercise will set out to compare performance and highlight deviations with the intention of promoting good practice and stimulating change if and when inefficient practice is identified" (MAS 1981). The Supervisory Board made itself responsible to the Regional Health Authorities of the two regions. There was no obligation to inform the Secretary of State about the work of MAS although a senior civil servant (Assistant Secretary) was given MAS as part of his portfolio.

Evaluation Of The MAS Experiments

Throughout the period of the experiments the MAS was being evaluated. There were three sources of evaluation. The DHSS commissioned Brunel University (a team from the Faculty of Social Sciences under Professor Maurice Kogan) to undertake an evaluation of all three MAS experiments and to suggest whether or not the idea of the MAS should be taken forward as a national organisation. The change in the methods of management accountability in the NHS precluded the possibility of a government supported national MAS. The evaluation commissioned by the DHSS was mounted after the MAS was established, possessed no specific terms of reference, and was concluded before the experimental period was completed. Thus the experiments were evaluated over a short period, at the time when the experiments were commencing. The evaluative methodology was formative in nature. These matters from the evaluation combined to

ensure that no clear outcome could emerge. The general conclusions of the evaluation were as follows:

1. Whatever the failings of the MAS initiatives, it was an unusual step for a Secretary of State to launch them.
2. The period of the trials and the evaluation was much too short.
3. With hindsight the timing of the trials could hardly have been less fortunate.
4. While the objectives of the whole initiative were somewhat unclear, diffuse and even conceptually muddled, the topics of organisational learning and managerial innovation remain crucially important for the future of the National Health Service.
5. The problem of evaluation are formidable.
6. The MAS experiments, whatever their weaknesses, contain some important lessons about managerial innovation and improvement (Brunel, 1984.).

The second source of evaluation was a review conducted by the late Tom Evans, who was then Director of the Kings Fund College. This evaluation, or review, was commissioned by the Oxford and South Western MAS Supervisory Board at my request, on the grounds that the national evaluation was most unlikely to yield anything of value

concerning the future of the MAS. In the following chapter my strategy for the MAS will be described. One aspect of this strategy, however, was the fundamental belief that the work of the MAS was of sufficient importance to the aims and objectives of the NHS that no one person or group was going to be responsible for the demise of the MAS before a true period of test had been exhausted. I considered a true period to be about 5 years. Thus, I considered, the national evaluation of little value. This view was reflected in the attempt by the DHSS to cut the resources to the Brunel team prior to the conclusion of their evaluation. Similarly the DHSS attempted to cut the budget of MAS prior to the conclusion of the experiment.

The remit for the Tom Evans review (Evans, 1985) was: a) to canvas and represent opinion in the two regions as to the usefulness of MAS, whether or not it should continue and, if so, in what form, and b) to identify alternative ideas about the role of MAS to ensure that any decisions made about the future are related to its potential, not merely to a particular practice it has adopted in the past, (my emphasis). The outcome of the review was to suggest alternative strategies which MAS could adopt, and to assess their potential. The preferred option, and one which Tom Evans believed was achievable was: "To help to spread a new style of management which is more centred on performance assessment, monitoring and review, and clarity in establishing targets and standards". He went on to outline the fact that MAS should become independent, and self financing, and should therefore stand in the market place, although he believed that some health authorities should underwrite some aspects of the MAS work which were not marketable, but more

orientated towards research (for example, identifying outcome measures of certain clinical interventions).

The third source of evaluation were the clients of the MAS. In one sense they had already indicated their opinion about the work of MAS by commissioning and re-commissioning work. This fact is coloured significantly by the lack of pecuniary interest which the clients had in commissioning MAS. It was decided by the Supervisory Board that no study or review of the MAS would yield an answer about its future on its own, and that it would be sensible to seek the opinion of chairmen of health authorities served by MAS as to whether they would wish MAS to continue. As a means of helping chairmen make up their minds the review by Tom Evans was made available to them. Whilst this approach to determining the future of a national experiment sounds like the worst possible method of achieving anything, it was borne out of the practice in the NHS to involve chairmen in issues of real significance, and to hope that the appropriate answer would emerge. In this situation there was a hope that chairmen would discuss the issue of the future of the MAS with those who had received the benefit or otherwise of working with the MAS team. In the event, the future of the MAS was determined by vote of chairmen acting alone.

The Revised MAS

The MAS progressed to an independent 'fee for service' consultancy on 1st April 1985, underwritten by health authorities in the South Western Region. From then until 1st April 1987 the MAS had to demonstrate its ability to compete successfully in the market place,

to build a reputation for its services and to survive financially. This thesis covers a period in this transition when discussion are taking place between the MAS Board and Chairmen of Health Authorities in the South Western Region about how the MAS is progressing and whether or not it should become completely independent (ie no longer underwritten by the NHS).

I examine decisions which all relate to the aim of gaining complete independence - decisions about new ideas, about seeking work and about the MAS Board itself. This was a very uncertain period for MAS, a period of further trial, beyond the national trial period.

APPENDIX B

Recorded Diary

1st April 1986 (Tuesday)

- 1.1. This morning I am feeling bright, well rested, looking forward to this week during which there are a considerable number of problems and difficulties. Amongst these are new numbers of staff coming in the next two weeks and my belief that we should now tighten up all our secretarial and clerical processes so that the office runs very smoothly.
- 1.2. This morning I am feeling quite active and I am determined to get on with a lot of work. I am now writing out instructions for the clerk/typist for things which need doing first thing in the morning.
- 1.3. The time now is 10.00 o'clock. At this time I have to rethink the schedule for the day based on what has happened at the 9.00 o'clock meeting. At that meeting we were discussing the total amount of work which needs to take place during the course of this week and how much typing there is and what the deadlines for studies are. We also discussed the tactics for a meeting this afternoon with the Works

Officer of Southmead Health Authority. The afternoon meeting is concerned with the potential confusion of Southmead Health Authority commissioning consultants to undertake detailed disposal plans for the Option Appraisal Exercise on Ham Green. The MAS has also been commissioned to undertake this appraisal. So the works department at Southmead is in a bit of a mess about engaging additional consultants. Essentially our tactic is to be as helpful as possible and to use the fact that other consultants have been engaged in the study as a means of ensuring that we don't allocate resources in duplicate to cover both activities (ie the appraisal and the disposal plans).

1.4. I have now had a chance of showing YW (newly appointed clerk) around and have tried to cover some of the basic but nevertheless important aspects of running the office. She is now trying to find her own feet.

1.5. In rescheduling my own day I have now less than an hour to go to the bank, to go to Cheltenham Technical Arts, and to write some letters about the Exeter radiology study before I get in the car to go to Bristol to talk to the General Manager of

Frenchay Hospital about potential assignments.

11.15

1.6. Setting off for Frenchay Hospital for discussion with the General Manager about projects. Up to this time of the morning I have cleared the desk although I have not undertaken any work on the Exeter radiology project which I was hoping to do by this time of the morning. To summarise the first couple of hours of today I have been trying to ensure that the office has been organised sufficiently to get on its way without any help. [I have just come across now a diversion of traffic inside the centre of Cheltenham, this is bound to add about 10 minutes to my journey.]

1.7. I am heavily influenced by the fact that we have not yet got our new secretaries in post. Our previous secretaries have left and we have an interregnum period when we are engaging temps from an agency. We have just taken on a new word processor operator as well. No one really knows how the office ticks and so I have to spend time ensuring that the basic office procedures are followed.

1.8. The second major influence this morning is the health of G.D. who has recently rejoined the MAS. Over the Easter weekend she moved her house and she has had a touch of flu and has had a recurrence over the Easter weekend. If she is out of action over the next couple of weeks then one of our major projects is in difficulties.

1.9. I am also being influenced by the fact that it is the end of the financial year. Certain reports need to be prepared. The Annual Report and the MAS Strategy needs to be prepared during this week which is short because it has Easter Monday in it. In order to catch up on the time table I am going to have to travel a bit quicker to Bristol. I am already doing 90 miles an hour but will have to speed up.

3.00 pm

1.10. Met with DS at Frenchay and spent the first hour and a half having a chat about general management issues, then had lunch, then spoke about specific MAS assignments - one of which is an organisation development project. We talked about money and suggested that Frenchay

is going to be overspent this financial year. We talked about May/June as the appropriate time to start any assignments. My thinking behind the discussions at Frenchay is that here are some very good general managers who are looking to the MAS for a sort of support which the MAS is good at providing and that we should not hesitate in trying to fulfil any request which they make.

- 1.11. I then travelled to Southmead Hospital for discussion on Ham Green Option Appraisal with CH, the Works Manager. The discussion was centring on the overlap of our own study with a study commissioned from estate surveyors for the disposal of the Ham Green Hospital. My attitude towards this meeting was that I knew that the commissioning of the estate's surveyors had taken place after we were commissioned and that there was going to be potential difficulties of overlap of facilities. In the end the decision was to suspend the consultants until the completion of our assignment. Present at the meeting were GD, MC and myself.

3.10 pm

- 1.12. The three of us decided to sit down and get on with some work on the appraisal.

4.50 pm

- 1.13. We have had our meeting about the option for Ham Green Hospital and tried to place in priority some of the options and services for the Ham Green site. Now I am ready to return to the office in Cheltenham.

- 1.14. At this meeting we also talked about tactics for presenting the work to date to a Steering Group of members of the Southmead Health Authority on Thursday. My thoughts here were that MS and GD (who knew the material much better than I) should lead members through each of the options to be assessed, but that I would do the presentations and introductions as there is a feeling from the members point of view that the boss should seem to be taking an active part.

2nd April 1986

8.00 am

2.1. This hour is concerned with personal accounts for March and thinking about some of the projects that I should have thought about yesterday. Then travelled to Hillingdon.

12.00 pm

2.2. I had a meeting with the General Manager at Hillingdon to discuss some projects. This General Manager is a former member of my staff at St.Thomas'. It is therefore important that he should wish to engage the MAS and that my strategy for him would be to give as much assistance as possible. He is commissioning the MAS to undertake a study on Medical Secretaries.

2.3. During this period the Chairman of the MAS Board arrived. This proved to be quite awkward. He is meeting with us to discuss the MAS policy for the future.

1.00 pm

2.4. This morning I was working on projects on my own. This included the Review of X-Ray Department at Exeter, the finishing off of the administrative processes at the Common Services Agency in Wales.

4.55 pm

2.5. Meeting this afternoon with JC, MS and GD to discuss the MAS strategy. My intention here is to have a general discussion and to steer away from specific aspects of the strategy so that we could gain some consent concerning broad aims and objectives rather than specific solutions.

2.6. In a large measure this was achieved and it left me with the task of writing a strategic paper, which I should probably get on and do straight away.

7.30 pm

2.7. I am waiting for the completion of the draft report on Common Services Agency and discovered in the photocopying room that there is no paper with the MAS logo on so the finished product would have been

pretty hopeless without it. I had to call the printer and have 2,500 sheets printed overnight. Without it I thought we might lose a big commission from the Welsh Office.

3rd April 1986

8.15 pm

3.1. Arrive at the office to find that I.B. (an MAS Associate) has written a letter of resignation. This places us in a difficult position as we shall have to find someone with operational research experience to take on some of the projects which are systems orientated. No time to think of that now. I need to think of the meeting which I am about to go to in Bristol, which is the Steering Group meeting of the Option Appraisal at Ham Green.

9.30 am

3.2. The Steering Group meeting for the Ham Green Option Appraisal. The people who were present included the members of the Steering Group, the General Manager, the District Estate Manager, MS, GD, myself and MC. I was feeling pretty bright, the aim of the meeting was to narrow down the number of options to be analysed concerning the future of the Ham Green site. I introduced the meeting and MS took us all the way through the papers that we had presented. This meeting worked pretty well and we now have a

reasonably clear idea as to what we should do next.

2.02 pm

3.3. I returned to the office which gives me 50 minutes to clear up bits and pieces before a meeting at 3.00 on public relations. We have to completely finish the report on the General Management Functions for the Common Services Agency for the Welsh Office so that I can take it to see the General Manager tomorrow.

8.10 pm

3.4. Since the last time I spoke into this we have had a briefing meeting on what to do next with the Ham Green Option Appraisal. The participants there were MC, GD and myself and we mapped out a programme of work. I also had a meeting with a public relations person concerning our annual report and spent the rest of the time putting together a report for the Common Services Agency.

4th April 1986

8.50 pm

4.1. Today I have to go to the Welsh Office to present our report on the Restructuring of the Commons Services Agency. I shall have to leave in about half an hour to get there by 11.00 o'clock. The first activity of the day is merely to have a look at the mail, check everything out, see what else needs to be done for the rest of the day.

4.2. A discussion with GD this morning about the future financing of the MAS and the need to identify those advantages which accrue from remaining within the legislative framework of the National Health Service, and those advantages which would accrue should the MAS become a trust or indeed go completely commercial into the private sector. I need to have this type of information in order to help form the arguments for the strategy. The position becomes that much more important when one

considers the remuneration of staff and the constraints within which I am held by having to conform to National Health Service standards for the remuneration of staff. This was particularly emphasised to me during the course of this discussion when the Regional Personnel Officer telephoned me to discuss the remuneration for the Deputy Director at the MAS, in which it was fairly clear that the arguments used for holding the scale to a relatively low level in relation to its importance were extremely weak. The whole case has to be referred to the Department of Health which is a long way round trying to sort out a very simple problem. It therefore seems essential that the MAS should have freedom to allow its own Management Board to implement the decisions that it takes itself.

- 4.3. GD and I discussed the amount of money we should be allocating to public relations activities for the MAS. This is based on some discussions I have been having with some firms to provide us with advice on a low level, low key public relations exercise to celebrate the fact that we have been in commercial business for one year. I have been particularly interested in some of the observations made by the

consultants that we have invited to discuss the issue, and it seems to me that we should be allocating a budget of between 1 and 2% of our turnover to low level public relations type activity in addition to the salary for our Editorial Assistant who also covers some of these activities.

4.4. I am currently on my way to the Welsh Office to hand over the report on the Managerial Restructuring of the Common Services Agency and I shall be meeting the General Manager. The General Manager of the Common Services Agency is a man who generally speaking follows whatever he is asked to do. There is little in the way of rigorous analysis of the work which I will give to him. The rigorous analysis will be conducted by the Director of the NHS in Wales who was a former boss of mine and who is an extremely capable and bright person.

4.5. On my way back to the office at about 1.00. I presented the report to the General Manager of the Common Services Agency, we went through the report and I identified the key things which I thought he ought to present to his Authority. I took the opportunity to discuss with him the possibility of undertaking the business study and he outlined to me

the political situation with respect to the decision to engage the MAS on undertaking the business study.

6.30 pm

4.6. Returning home. This afternoon I have been reading the journals reading some of the papers being produced by the MAS including the Horfield Health Centre report and generally catching up with the mail which I have not been dealing with. I have also been preparing for next week by updating the programme of work and generally just clearing the desk so that we can start afresh next week. There is quite a substantial amount of work to be done. I shall be working over the weekend, probably on the Annual Report and on the strategy which needs to be ready for circulation early next week and for discussions on Monday night at the policy meeting.

7th April 1986

5.1. Morning has been spent checking the Report on Radiology in Exeter and welcoming two new members of staff. I have also been working out some arrangements for the Radiology project later on in the week, and in the afternoon I have been writing up the outline to the MAS strategy which is being done in note form in order to stimulate discussion later on in the day.

5.2. I will need to discuss with YW when she wants to undertake the typing of this thesis.

5.3. At our departmental meeting we went through in detail the MAS programme of work and discussed some of the issues arising from extra projects, and the timetable for going to visit prospective clients.

8th April 1986

8.30 am

6.1. Left by train for a meeting at Charing Cross Hospital with the General Manager. Spent time on the train writing a fresh outline of the MAS strategy which is focusing more on the original ideas of the MAS and less on the business aspects.

6.2. Arrived at Charing Cross Hospital at 11.30. Met PD, General Manager, caught up with latest gossip about the London scene. We discussed in some detail a large project to review the ENT services for Riverside Health Authority. It seemed to me important that the MAS should try to undertake this study. It would be the first full scale study in London for the MAS, and for a large teaching hospital, therefore it seemed doubly important. The discussion went on for quite some time to clarify the various aspects of the proposal. I would write a proposal, one side of which would contain some basic profile information about ENT services generally. I stayed and had some lunch and met one or two of the General Manager's staff. I then left

for a meeting in the London Business School at 2.00 pm.

6.3. This meeting was an invited workshop to discuss such issues as trading and accountability in the public service generally. The vast majority of the participants were civil servants, including civil servants from the Cabinet Office. In the event, the meeting proved to be extremely boring. There was not much in the way of information which I could use. Part of the purpose was to meet others and to have a chat to the tutors and research fellow at LBS. This I did, as well as saying hello to one or two General Managers that I hadn't seen for some time. In the event only one arrived which I had known for a long time. Not a terribly interesting afternoon although I was pleased to go.

6.4. Returned home by train, arriving home about 8.15 pm.

9th April 1986

8.30 am

7.1. I visited Cheltenham General's Outpatient Department for an appointment in the micro-biological department. Spent the morning writing the paper on the MAS strategy in which I have focused greater attention on the services of the MAS and the composition of its team, than on the financial aspects of the service.

7.2. I have finished writing the strategy. I am shortly going to set off to Exeter for a discussion with Dr M about the next stage in the Radiology study.

2.45 pm

7.3. I am travelling to see Dr M in Exeter. I want to talk to him about the Radiology study to get his ideas as to how the study should proceed and the sort of people that I should be talking to. It seems to me important to pursue the study in this fashion because it gains his commitment to the approach and also it will help me as I don't know

who to go and talk to.

7.4. Although it is a long journey for about half an hours discussion, I nevertheless think it is probably worth it. It would have been easier had it been slotted into tomorrow's schedule when I am down in Exeter again. But these things don't always work out that way. Anyway the weather seems to be very much better today.

7.5. Dr M and I talked about the need to have contact with some of the manufacturers of X-Ray and diagnostic imaging facilities. He has agreed to make contact so that I can go and discuss the need for diagnosis imaging services with them. The second thing we agreed was a meeting of various representatives of the X-Ray department at Wonford in order to set standards and objectives. We are going to do this at the beginning of next week. It seemed clear from our discussion that the softer approach was probably appropriate for the development of Stage 2 as it was fraught with great many difficulties.

7.6. On the way back it became clear that I had no more time during the course of this day to write a

proposal for the implementation of Körner Systems in the South West Region which was demanded by the end of the week. We were quite clearly in competition with Price Waterhouse but were being given an opportunity to tender at a lower price. For some crazy reason I thought this was a good idea. The idea of grasping anything I can get even though it is not necessary for us to do that.

10th April 1986

- 8.1. I have written the proposal and now ready to set off on a whirlwind tour of the South West, taking AB with me.
- 8.2. Met with NM and SP to discuss educational aspects for the MAS. We have agreed to undertake a joint venture whereby NM and SP develop the sales organisation of training packages including workshops and conferences. The MAS will contribute the detailed specialist aspects of these educational activities.
- 8.3. Whilst discussing this I also managed to discuss with EK some of the background to a few data systems for information for the consumer. She has given me

a few contacts. It is this sort of discussion which leads to the generation of other ideas and a sort of chance discussion of this nature stimulates all sorts of other thoughts which will no doubt come to the fore in the future.

8.4. We then moved on to Exeter for a discussion with MC about the development of locality management within the Exeter Health Authority. This was in relation to the study of diagnostic imaging services. I wanted to establish some of the basic principles upon which locality management was being developed. He provided some useful contact names and also indicated the philosophy of decentralising patient services to localities which I found most helpful and extremely important for the study on diagnostic imaging.

8.5. Back at the office to clear up some of the backlog which is piling up into a mountain.

11th April 1986

11.15 am

- 9.1. Meeting with the Chairman this morning to discuss the MAS strategy and how to get it across in the most favourable light. GD was also attending the meeting and we decided to do a resume of what happened in the past year together with a description of a strategy in more detail.
- 9.2. A number of influences imposed themselves on the preparations of this strategy. The first is my desire to have a strategic plan which makes sense and is a blue print for the MAS over the coming years. The second is the need for that strategy to be understood by those who are going to have an influence on its implementation. The third is that the Regional Chairman does not really want a strategy. He merely wants an indication as to the financial viability of MAS. The fourth is that JC and VS do not get on. The fifth is that I do get on with both JC and VS and so the whole business of trying to establish a strategy is fraught with the complications of the micro politics of the MAS. We went through a draft which I prepared and it was

fairly clear that what we needed was a review of the MAS' activities in the first year before any suggestion of a strategy could actually be presented to the Regional Chairman. Whilst I acknowledged that there was need for a review it really is the basis for a report and an account for the first year. I have always felt that if a strategy is to be established it should be established from base and not necessarily on the back of a review of a single year. Nevertheless I agreed to prepare a review and to revise the strategy in the light of the review.

9.3. At this point I was beginning to feel that I was being pretty heavily worked and that my enthusiasm for preparing a strategy was only coming from my belief that we will have to work out a way through to implementing the strategy on our own. To that extent it is quite exciting. But I am becoming, as I always do, somewhat demoralised by the micro politics surrounding the MAS, as these politics are seldom favourable. Generally speaking they are nearly always critical and therefore unhelpful.

9.4. In the afternoon I decided to take AB to have a look at a Radiological Exhibition in Bristol. The purpose

was to try and make contact with sales directors of the main radiological manufacturers so that I can discuss with them the strategy for Radiological Services in Exeter Health Authority.

9.5. We got to Bristol and found the Conference Centre, only to discover that they were packing the conference up and that there was no-one around for us to talk to. However, I did manage to pick up some addresses and have subsequently written with a brief to each of the Marketing Directors. AB and I then went on to see AW, the Regional Treasurer, in order speak to him about the project on the implementation of Körner which he wanted a proposal about.

9.6. We had an hour discussion with AW in which he quizzed us about the details of our proposal at some length. We then went on to discuss the situation vis-à-vis the MAS and the Region and to get a general view as to whether the Regional Health Authority was going to continue to underwrite the MAS or let it go and become freestanding. The general opinion was that it should be let go to become freestanding, and that the principle of underwriting was not something that the Regional

General Manager supported.

12th April 1986

10.1 Arrived in the office really quite late for a Saturday, simply because we were out to a Ball until 3.45 in the morning. At least I had the opportunity of writing a proposal for Medical Secretaries at Hillingdon and to obtain from GD the information about the finances of the MAS so that I could prepare a review of the MAS's first commercial year.

13th April 1986

11.1 I got up at 5.00 in the morning to read through the work on Community Hospital Study which was to be discussed on Monday morning the 14th April, and also to write the reviews of the MAS's first year and to rewrite the strategy. I managed to complete this by the time the rest of the household got up at about 9.00 am and have come to the conclusion that the amount of work which is facing me at the moment will necessitate me getting up at this hour most mornings as I find it really quite valuable myself, so long as I can keep the travelling down during the course of the day.

11.2. Travelling is quite tiring, although it is not unenjoyable, but it does mean that the amount of actual work one can do in a day is curtailed by 3 or 4 hours, and as from Monday 14th I am going to spend the first three days in Exeter at lunch time, which necessitates at least three hours travelling for an hours meeting each day.

14th April 1986

12.1. Decided that JB, my secretary and Office Manager, should take the morning meetings on Mondays and Fridays as the emphasis of those two meetings is to organise the office. She duly took the meeting this morning. She told us that one of our typists was away with flu and another had to go and see the doctor. As we had some major pieces of work to be typed, including a very large report on Cornwall ambulances, we were once again faced with the problem of having to spread out the completion of reports over longer periods of time than we anticipated.

12.2. Then I had a discussion of the Community Hospital Study with the team members concerned. I proposed a radical rethink about the way in which the study should be presented, and, of course, this meant that someone has to rewrite the whole study. Neither MH nor SS appear to have the time to rewrite as they are engaged on other projects and are also just completing their MMPS examination. Once again I thought that I

should have a go and help them out. MH was clearly looking tense because here examination questions, which were essays for SAUS, don't appear to be going as easily as perhaps she would like them to, but then MH is a perfectionist and she is always going to be tense about these sorts of things. This was another reason why I felt obliged to lift the burden from her shoulders. It does mean getting up at 4.00 am over the next several weeks. So long as I know that I am going to have a break soon then the prospect isn't so bad.

- 12.3. Having finished that discussion, I will now set off for Exeter where I want to undertake a scheme for establishing objectives and standards for radiology. I have prepared an outline of the sort of points I will make for distribution to the staff, and today is really a softening up process for tomorrow when I hope we will try and distil some genuine standards and objectives.

1.55 pm

12.4 I have been through the discussion on setting standards with the Radiology Department. There were ten people there, all from different disciplines, most were not very vocal, probably hadn't a clue what I was talking about, but some clearly were willing to enter into the discussion. I tried to get the notion that standards are worthwhile having. Tomorrow we will go back and finish this particular aspect of the job. At this stage of this type of exercise it all seems as though it is utterly fruitless but in actual fact it comes together with a little effort, and with a bit of luck it should be alright tomorrow or the next day, or the next day, or the next day, or the next.

12.5 Returned to Cheltenham. Spent the rest of the afternoon dealing with the mail, and with the writing up of the Diagnostic Imaging notes.

15th April 1986

13.1. Feeling good. Trying to sort out the Community Hospital project. I was determined to get up pretty early to do it but the children were up in the middle of the night, one of them was ill, so that knocked that idea on the head. Nevertheless starting to get on with it at 7.55.

13.2. Recap on the day.

Generally speaking feeling quite well. Have made no decisions today. This morning was concerned with wrapping up such things as the strategy and making some telephone calls and writing some correspondence before setting off to Exeter where there was the follow-up meeting on Developing Objectives and Standards.

13.3. AB (my student from Brunel University) came with me. There were 10 people at the meeting and as expected it was pretty dull. Nevertheless, we managed to set some objectives for the department. Started back for Cheltenham at about 1.40 pm, arriving back

at about 3.30 pm.

13.4. At which point I started to write up discussions on objectives and standards which took place over lunch and these have been typed up ready for me to take off first thing in the morning.

13.5. At 4.30 pm met JH who had written in speculatively to see whether we were interested in her skills as an educator. The fact that she wrote stimulated the notion that we ought to invest some money in this area as part of our strategy. So we had an interesting discussion, the result of which has been for JH to make a proposal to us as to how she would develop the educational side of the MAS. I had confidence in her and it struck me that we may have struck lucky. She was also willing to undertake the exercise on a risk basis which struck me again as being something that is in our interest at the moment.

13.6. Ended the day by looking through some of the paperwork and having a meeting on the

programme for the MAS which is now chocker block and will inevitably cause difficulties over the next 10 days. No-one knows yet that I am off to Northern Ireland for a week and this is bound to cause other problems. We will also be discussing the strategy and will be discussing a review paper as well as a proposal or two. Tomorrow I head off straight away to Birent Hospital in order to meet the Trade Unions over the Ham green Option Appraisal. I feel that I am probably the most appropriate person to go and see them because I know least about the project and therefore can sit there absorbing the information which they give me rather than me being in any danger of providing them with information which could only stimulate an undesirable response.

16th April 1986

14.1. Met with the Joint Hospital Union Committee at Southmead Hospital to discuss the Option Appraisal for Ham Green. My attitude towards Trade Union meetings is to always tell them as much as possible and to explain things from my point of view in a lot of detail. I have always found that this is a sensible approach even if members of Trade Unions don't necessarily agree with your point of view at least they begin to understand why you have reached it. This meeting took an hour and a half and I had some wide ranging questions from the corruptibility of the MAS through to why I was interested in the Option Appraisal.

10.30 am

14.2. Set off for Exeter for a meeting of the Diagnostic Imaging Working Party.

3.34 pm

14.3. Heading back to Cheltenham from Exeter. An interesting meeting of the Diagnostic Imaging

Working Party. Decided that my report should now be a second draft as they changed many of the things that they ought to have changed last time round. This eventually proved to be very fruitful and I was able to talk to a number of people that I had not been able to talk to up to now, simply because they had either been away or had other commitments.

17th April 1986

8.30 am

15.1. Checked through the mail, reading the journals, generally trying to relax, feeling slightly dizzy today probably due to the weather, subliminal colds and the usual things that go with working in this environment. All the articles for the International Forum have been rejected for publication which gives us a chance to use those articles for another purpose - publication in the UK. Going to spend the rest of the morning working on projects.

15.2 The afternoon was spent talking with AG the District Medical Officer at Oxfordshire Health Authority together with DP who is the newly appointed Assistant General Manager at Oxfordshire concerned with planning and review. This meeting was principally concerned with considering what is happening to the MAS and the possibilities of new assignments for Oxfordshire and reacquainting myself with AG who I haven't seen for about a year. DP had just been appointed four days previously and came

from the Greater London Council. A clearly bright individual, my task with him was to try and encourage him to come over to Cheltenham so that he can at least begin to understand what the MAS is and may be able to commission some work from us in the future. I managed to achieve this and he is going to come to visit the office at some stage.

15.3. After this meeting which lasted about an hour and a half I felt satisfied that I had made the necessary overtures to Oxfordshire and that I had not lost contact. It has occurred to me often that I should be doing this type of thing with our clients in other parts of the country, particularly in the South West.

15.4. I returned to Cheltenham in order to finish off some work on some of the papers and to have a discussion with the team concerned with Ham Green Option Appraisal, and to continue to work at my desk for the rest of the afternoon.

15.5. Went home at 6.30.

18th April 1986

- 16.1. The morning was spent preparing the case for upgrading the Deputy Directors post. A discussion with DC (Senior Lecturer, Department of Community Medicine, University of Leeds) centred on the need for some form of collaboration between us and the definition of his role as an associate. This was to be explored in a lot of detail and a number of ideas emerged including the need to establish a conference in the north of England where DC would be launched as a MAS Associate together with ourselves providing some information about the MAS activities to an audience in the North.
- 16.2. The educational side was particularly appealing to DC although he is extremely interested in developing his relationship with us and wanted the practical side sorted out. We also talked about PHASE and entered into a number of agreements where neither of us lost financially from PHASE and there is a chance that we would actually recoup our investment in developing PHASE. Also met WF and NM to

talk about the educational programme and they have agreed to consider the establishment of the conference in Leeds during October or November and to prepare a proposal. All these strands seem to be coming together to help develop the educational side of the MAS with JH if she agrees to join us. Certainly this means the excess income over expenditure for this previous year has already been consumed by the establishment of this programme which itself must become self-financing in the first year.

16.3. All in all a day with considerable ideas throwing around although I must admit I haven't been feeling on top of the world today. Some form of subliminal cold.

21st April 1986

- 17.1. Managed to write some ideas about the MAS over the weekend.
- 17.2. Focusing attention on the immediate operational plan for this coming year in which I have outlined where I would place my investments. This morning feeling fine and just wrapping up some details of some of the correspondence that has come in and then prepared for the rest of the day.
- 17.3. 8.00 in the morning is a good time to work, generally speaking there is no-one else around or if they are they generally want to work themselves.
- 17.4. Spent morning working on the Annual Report until around 11.30 am when MR (Regional Medical Officer, South Western Region) arrived. The purpose of this meeting was to talk about quality assurance and health care, the project he and I have been collaborating over for a good number of years. MR, however, is leaving South Western Region and so our

discussion was about what is happening within the region, why he is leaving and what the future programme in quality is going to be about. I caught up with a lot of information about the region and how it is operating and what the general vibrations are about the activities in the region.

- 17.5. We had lunch with MS and SS and talked about general issues over lunch. After Lunch I agreed with MR that the MAS would put on a workshop for quality for the newly appointed quality assurance staff within districts. It seemed like a good opportunity for us to attract into the MAS 13 people all concerned with the same areas which is generally confusing, but which the MAS have got some specific ideas about. MR agreed to pay for the workshop and so I shall put this together and look upon it as a new initiative for the MAS. This was followed by me working with a Lecturer in Operational Research from Gloscat who may be interested in doing some part-time consultancy work for us on the operational research side which is weakened by the resignation of IB and for which we actually

need to identify some good people.

17.6. After this meeting I returned to try and finish off the Annual Report.

22nd April 1986

- 18.1. Early morning meeting to discuss the work of the MAS followed by discussion with MS. We discussed his job grading together with the need to distribute some of the assignments between the senior members of the MAS to ensure a balanced loading otherwise everyone is going to break up. We also discussed the possibilities of him going to an Academic Department to think for a month or so as part of his sabbatical. I was trying to work out the tactics for ensuring that his grading is successful by ensuring that all the cards that are played in this particular game are in my hands not in the hands of the Regional Health Authority.

- 18.2. This meeting was followed by a meeting with JA, MH and SS on Catering Services where we were discussing tactics of the report and working out how it should be presented. This is a long and detailed discussion which had to be interjected by a meeting between me and Mr B from Phillips Medical to discuss the future technology of Diagnostic Imaging Services.

18.3. I set out for Mr B the brief for high technology which had to fit in to the strategy for Exeter Health Authority. I then suggested that he should find demonstration centres for Diagnostic Imaging in the future to which we could take a couple of radiologists, the General Manager and District Medical Officer. It seems to me that the tactic here is to try and get the manufacturers to work out the strategy and for them to undertake much of the work involved. This is then followed by continuing discussion on catering where the issue of real hazard in the Catering Department at Bath was raised and whether the MAS should respond rapidly or not. My judgement on this is to prepare the final report and not to present a piecemeal report as this would only provoke the need to delay any implementation.

18.4. After lunch I decided to spend the rest of the day working on Radiology and to try and get some thoughts clear about the next stage in the Radiology discussion.

23rd April 1986

- 19.1. Managed to do very little work last night having finished off the day by clearing up a fair amount of back correspondence.
- 19.2. This morning feeling quite well although I have this generalised subliminal cold which is always present because the children always seem to have colds. Apart from that, feeling quite perky. Looked at the mail to see a quotation for undertaking the administration for conferences and seminars for the MAS - £25,000.00. I decided to go hopping mad. Wrote a very snotty long letter about the fact that the MAS does not enter into joint ventures on the basis of paying over the profits before the venture has proved itself. So I thought long about the relationship with this company concerning collaboration over education and development and decided to set out the ground rules much more systematically than perhaps had been done before.
- 19.3. At the early morning meeting we discussed Ham Green and then some of the issues affecting

the office such as the number of secretaries, the need for extra equipment, and the need for re-organising the office. I decided to invest some more money in reshaping the office and decided that we have to find some extra office space somewhere in Royal Crescent, if we are going to have any relief in the main office. We decided to ensure that JB started sorting some of these things out before SB, a new secretary, starts at the beginning of next week.

19.4. The remainder of the morning is concerned with looking at some office equipment and then I settled down to work on Exeter Radiology for the rest of the day thus providing some free space tomorrow to go straight onto the Ham Green project.

19.5. The afternoon has been spent largely on Diagnostic Imaging Services but also providing some guidance to one or two projects. I also obtained new dictation equipment and have been trying to work out how best to use it. So far as Diagnostic Imaging is concerned I have been trying to concentrate on establishing

standards in the service by looking at the literature. I have also been trying to modify my interim report to get some of the figures up-to-date.

24th April 1986

20.1. Finished off yesterday by still working on Diagnostic Imaging Services. Overnight I had thought about the need for gradual publicity and the fact that the MAS should be writing a number of articles in advance for publication of some of its studies. There are at least four which I can think of which actually need to be written, one of which is written and needs to be submitted. We also have the question of whether to wait for discussion with the Features Editor of Health and Social Services Journal next week, or go ahead with submitting publications now. Whenever I get some of these ideas it seems to me that there is an element of extreme urgency. One should push ahead with some of the thoughts. It is also important to try and disentangle some of the ideas which actually do not get off the ground. For instance, I was thinking that whoever does a feature on the MAS should try and obtain the confidential enquiry as to how the MAS has done by comparison to other consultants in the South West. Whether this idea gets off the ground, of course, remains

to be seen.

20.2. I also had the idea yesterday that we need to seek extra accommodation and that we need to lease some extra computing equipment, and that I need to shift the furniture around to change the structure of the offices so that everything becomes a little bit more smoothly running. I also picked up the idea that we need a different type of coffee and that may mean a different coffee supplier and so on and so forth. I also had the idea that the MAS should become concerned with the accreditation process which inevitably is going to hit the NHS at some stage. I suggested to JY that he might join us in a joint venture and also CS and his connection with Cardiff. This idea is bound to take a long time to mature but it is now that we ought to be thinking about it all. Just read that KL has been made a professor of Health Planning and Management at Keele University. This will solve a lot of problems for KL. It also gives me an idea that perhaps I ought to be writing to him suggesting some form of link-up between the MAS and Keele as this is a new department within Keele which

may require some form of practical base.

20.3. Meeting this morning to discuss fee rates. We discussed whether secretarial services were included in the rate or whether we should charge extra days in order to cover costs of secretarial services. We also discussed the idea of some sort of link with KL and we discussed the North Hertfordshire proposal to Review Medical Secretaries. We also needed to ensure that we got some of the reports coming out of the DHSS this week on Community Nursing and on Family Practitioners Services, and SS needs to go to the NHS Training Authority in order to obtain some information about youth training service.

25th April 1986

- 21.1. The report of the Community Nursing Review was published yesterday and reflects very much to work which the MAS had conducted on Health Visitors. This had reinforced our view that we should have had an article ready to publicise our Health Visitors Manual and have obtained some views as to how useful it is or has been. Our inability to respond rapidly to these sort of things concerns me greatly as there doesn't seem to be a particularly easy solution.
- 21.2. Not feeling so good today although I am sure I will brighten up as the sun brightens up. I have to consider such matters as photocopying, public relations as well as printing some papers for the Ham Green Steering Group this afternoon. I would certainly benefit from some exercise I think.
- 21.3. The morning was spent discussing with representatives of the firm Up Front the public relations profile which the MAS needs to adopt. It is important to take the

Chairman of the Board to this meeting as what I have in mind is somewhat different to the standard NHS approach to things and by having the Chairman involved in a meeting with the Company concerned, at least, there is some measure of trying to provide him with confidence to support whatever initiative the MAS needs to take. This discussion with Up Front lasted until about 11.30 after which I dealt with normal correspondence and other matters affecting the MAS before setting off to the Steering Group for the Ham Green Appraisal. This particular meeting was supposed to be merely an update on how far we had got in the appraisal process, but as always it ended up by long discussions between the members of the Steering Group by what is meant by acute and why? In this case this was quite helpful. It looked as though we had managed to convince the Steering Group that there are some options for the future of Ham Green that look potentially quite interesting and this was exciting. It transpired at the end of the meeting that the Steering Group was now really quite hooked on the Option Appraisal and it occurred to me that the final

report has to be really superb in order to continue to capture the interest of members of the Steering Group.

- 21.4. Returned to Cheltenham where we are supposed to be engaged in transferring some furniture around the offices in order to make way for our new secretary on Monday. Over the weekend I would intend writing one proposal and consider writing the beginning of the Ham Green report, and generally reflect on the world in preparation for the next few weeks which are going to be particularly heavy.

28th April 1986

22.1. Arrived at the office this morning bright and early to find that we could not get in to the place because the catch on the yale lock has been down. So I waited with MS until the secretaries from the GP surgery below our office turned up. The early morning start was a bit of a disaster, we have a new secretary this morning and we had our usual Monday morning meeting to find out what everyone is up to.

22.2. MS was shooting off to Cornwall for a meeting today. Everybody else seems to be in the office writing up proposals or trying to sort out how to do studies which we have agreed to do. We have a couple of exhibitions today, one a photocopier, the other a word processor. IB is coming to talk to me about his project in Frenchay and it looks like another busy week is about to begin. So I have been thinking about the need to move forward on our corporate plan and MS has left some notes about how he sees the corporate plan being implemented. We need to discuss this fairly

soon as a team so that I can get going with the implementation. I am going to try and have some exercise today.

22.3. The morning was being spent talking to IB about the project at Frenchay and about future possibilities of association. I am now going to see a demonstration on photocopying equipment.

22.4. This afternoon I have been writing up the first part of the Ham Green Appraisal which was only going to demonstrate how little I know about Ham Green and decided to go home about 5.30 pm.

29th April 1986

- 23.1. Started by doing some more work on Ham Green followed by an 8.30 am meeting with the team in order to discuss a number of proposals which are outstanding together with the corporate plan. Then I need to set off for Exeter for a series of interviews and be back later on tonight.
- 23.2. The day is nice, it looks as though spring is still in the air somewhere.
- 23.3. The discussion on the corporate plan highlighted the fact that I have failed to specify the tasks for the year adequately and thus there is considerable ambiguity about the need for publicity for instance, which needs to be expressed more clearly. Interesting discussion with PJ (Treasurer at Exeter Health Authority) for the need to identify clinical policies for Radiology and to monitor those rather than focusing attention on mechanisms of controlling finance. One could never be sure about PJ's real intention behind what he generally says although his intention to focus on clinical policy issues is clearly sensible. He thinks that general practitioners can do a lot of their own diagnosis and that the system should be set up to support that.
- 23.4. Went to a Health Centre to discuss Radiology with a couple of

GP's, one of whom had worked as a Radiologist and we discussed the deployment of Radiology facilities, particularly the notion of decentralising Diagnostic Imaging Services to General Practitioners. Dr A was a find because of his specialist experience. This was followed by a short discussion with the Unit Accountant who comes from a private sector who seems to be extremely aggressive and I didn't take to him at all.

23.5. Returned to Cheltenham, arrived about 6.15 pm.

30th April 1986

- 24.1. Set off at 6.00 am in order to get to Wrexham Park Hospital by 8.30 am.
- 24.2. Eventually got here at 9.00 am - the journey has been absolutely bloody hell! It is the sort of a start to the day which makes you really fed up for the rest of the day. Nevertheless the weather is really quite nice and now I have got to try and find where on earth to go. Never been here before. Most of it looks like a flat single storey hospital.
- 24.3. Interesting discussion with Mrs S trying to unravel the reasons for a Review of Utilisation of Theatres. Then I thought that I would have a look round Wrexham Park Hospital because of its single storey nature and I had a very interesting look around Accident and Emergency, and Outpatients. I found the central block absolutely alarming because it is built around a huge open stairwell, and open staircases of that sort terrify me.
- 24.4. I now have to set off for Exeter where I am going to see the secretary of the Community Health Council to talk about the Diagnostic Imaging Study.
- 24.5. Arrived at Exeter at 1.30 pm. Quite a pleasant journey with

a nice lunch on the way. I am fully relaxed now for the discussion with the Secretary of the CHC and I am visiting a part of Exeter I have never been before.

2.50 pm

Met with CHC Secretary and with the Chairman of CHC and discussed some general issues related to Diagnostic Imaging.

24.6. Then set off back to Cheltenham.

24.7. Returned to Cheltenham at around about 4.30 pm and spent the next hour talking about the catering study with JA. I suggested a rewrite in order to meet the specific requirement of the Health Authority meeting.

1st May 1986

25.1. I arrived in the office at 7.30 am in order to catch up on things that I should have been doing in the last few days. Spent the first hour completing expenses. Looking at the mail.

25.2. Met with HC, Features Editor of the Health and Social Services Journal. This turned out to be an interview. The purpose of this interview was to celebrate the first year of the MAS's existence as a commercial organisation and to try and gain some publicity for the MAS through the pages of the Health and Social Services Journal. From our point of view we believe that the interview was really quite informative, fairly low key and, therefore, achieved the desired aim. We will wait and see just what happens in print.

25.3. This afternoon we have a meeting to discuss the Ham Green Option Appraisal, and I will also be looking at a new photocopier.

9th May 1986

26.1. Last night we had our policy meeting and spent only a few minutes on the corporate plan. This raised certain questions about the allocation of earning days. MS has considerable anxiety about our investment in publicity and education. The discussion with MS continued first thing this morning where he clearly feels that more time should be spent by me in discussing with potential clients rather than allocating some activities to a third party. Our difference of opinion I think merely reflects our different time horizons. I am particularly interested in the longer term and in stimulating the market more generally as well as ensuring that our known and captive audience is equally stimulated and supported. MS is concerned more to back up our existing clients and to look after them. I think it is an interesting debate and it is conceivably that consolidating our existing clients is an interim stop gap measure which may be an extremely sensible thing to do. I am, however, concerned that we have failed to grasp an assignment in virgin territory and that sooner or later I feel that we ought to be having one of these assignments, and that in terms of general market strategy one needs to spread the message wide in order to generate a single commission. However, it is equally plain to see that there is a need to consolidate with existing clients to keep them, and that the consolidation of existing clients and maintaining

their confidence in us is more important than spreading the message far and wide.

26.2. My intention however, is not to activate the market so that it demands our services in a great flurry, but to have a gradual movement in the market now that the restructuring following Griffith's (The Management Inquiry) is really beginning to take place, and to grasp whatever opportunities there are available to the MAS to make its' reputation more widely understood and felt. This needs time and opportunity on our part to achieve. I suppose at the end of the day one has to acknowledge that if both MS and my time were wholly free in order to spread the message upon the water, that would be a preferably way of selling the MAS in the country as a whole as opposed to engaging a publicity organisation. It would also be much more expensive and would not necessarily meet with our own personal objectives of undertaking some projects as well as doing other things. However, I think it is important for me to maintain an open mind as to what we ought to be doing. It is equally important to ensure that there is no fundamental rift in the team so far as this issue is concerned. I have a particular gut feeling about what needs to be done, and with all my gut feelings, it ought to be exorcised somehow. I also have to be quite sure I don't go down an alley that I can't get out of and by engaging either extra staff in the team or engaging a publicity organisation, there is this slight

element of risk of going into an alley and not being able to come back. However, there is greater freedom of movement so far as the engagement of a publicity agency is concerned.

26.3. On this general theme I saw CR who is from a marketing research organisation engaged by the firm Up Front, in order to test out whether the material we produce for general distribution is the sort of material which has an impact on our clients. My feeling here is that we shoot off doing all sort of wonderful things but we don't actually know whether it has terribly much effect. As we distribute our bulletins and digests free of charge it seems to me that we ought to have an assessment as to whether it is worthwhile doing so or not. One way of assessing it is to charge, but then it seems to me that if one does charge one is potentially cutting off part of the objectives of the MAS which is to influence management. I can, however, see that the longer one tries to travel this rather delicate line the more difficult it is to sustain a balance between being slightly philanthropic and also being commercial and that the arguments become more polarised as time passes by. Nevertheless, I think these arguments are extremely important in their own right.

26.4. Had a discussion in the afternoon with IB about the Frenchay Filing System and about his desire to remain a member of the MAS for another year. This requires some thought and some

internal discussion.

26.5. Towards the end of the day we were still discussing how to put together the Ham Green report. During this process I had a discussion with CS about his PhD and about the fact that his assessor is going to question the evaluative framework he has been using, and I gave him advice as to how to tackle that.

12th May 1986

27.1. I travelled up to Penrith on Sunday evening to spend the night with my parents en route to Edinburgh this morning. My purpose for going to Edinburgh is to discuss Scotmeg. I have a meeting at 11.00 am with DP who is Secretary to Scotmeg. Scotmeg is the Scottish equivalent of the Management Efficiency Group, and the aim of Scotmeg is to draw together people from different Health Authorities to collaborate over the review of a particular management topic. My own view about the process is that it is likely to be long, drawn out and generally speaking unacceptable, and that people's full-time employment elsewhere is likely to cause them not have very much interest in the work of Scotmeg. The Welsh experience which is the basis for Scotmeg would suggest that they produce reports which generally reviews topics. Now the MAS has done this, and it seems to me it would be silly for there to be a repeat of the similar sort of exercise. So my intention is to offer advice. I am then going on to see WT, who is the General Manager of Lothian Health Board, just to say hello. He is an old friend and I feel that if anyone is going to give us a task it will be him. Following from that I am going over to Paisley to discuss a possible project with the General Manager and his assistant over there.

27.2. Arrived in Edinburgh in good time, and I go to see DP. It

transpires that DP and I have met before, that his parents come from Gloucester and therefore he has followed the MAS and its progress. Indeed, one of his family friends is MS who used to be a member of the MAS team, and that DP was particularly interested in hearing about the MAS and its work, and he has been tracing its activities, and has wanted to be in contact for some time. I thought this would make the whole conversation that much easier to conduct, and indeed so it transpired. He thought it was necessary for the MAS to get involved in Scotland and readily accepted the idea that the MAS could offer advice for free and maybe some expenses should that be necessary. This was a a good start. He is also going to put us on a list of contractors who would tender for such things as a review of supplies services in the whole of Scotland, and the conversation went very well. The discussion also centred on the fact that I would meet the Chairman of Scotmeg at some stage fairly soon, and we left on a positive note and I have subsequently written to the guy in order to confirm what was going on.

27.3. I then went and had lunch with WT, the General Manager of Lothian Health Board. WT surprised me immensely by actually demonstrating he was thinking like a General Manager. He wasn't wanting to get involved with the day-to-day issues and he had a fairly clear game plan in his mind. I always suspected WT of thoroughly enjoying being a sort of hospital

administrator, and he is less enthusiastic about the sort of policy issues at Regional level. But this is quite clearly not the case, he was very much enjoying himself and we had a very interesting discussion. WT then followed that up by suggesting he would like us to undertake a planning review for Lothian Health Board. The planning review should be completed by April but the method would be to allow the ideas to emerge from the staff within Lothian Health Board itself, and that there shouldn't be a MAS blueprint which was then applied to the situation. We had lunch together and afterwards I had a little stroll around Edinburgh, which was very nice because I found a tobacconist, which was a real tobacconist, something we don't have in Cheltenham. This was real manna from heaven - I virtually bought the shop out!

27.4. Anyway got in the car and shot over to that most unfriendly of places, Glasgow, where I met Mr S, who used to be Secretary to the Argyle and Clyde Health Board, and Mr M, who is the Assistant General Manager, and discussed with them the possibility of undertaking a transport study. My point of going to see them was to say hello, but it transpired that Mr S was also a member of Scotmeg, and is leading one of their review groups. It seemed therefore sensible to try and make my mark with him and so I was trying to demonstrate that I knew quite a lot of the ins and outs of how you do various studies, particularly transport studies, but nevertheless we

proceeded quite well. We had an interesting discussion and it was certainly acceptable to him that the MAS should offer advice to Scotmeg, and he was really quite enthusiastic and keen, and is going to follow it through.

13th May 1986

28.1. I think it was a very successful day and I returned back to penrith because on May 13th I was then going to go off and meet MS at Chester in order to have a lunchtime discussion with DN, who is Regional General Manager for Mersey Region. This particular discussion also has its relevance and importance for the future of the MAS in that DN is also a part-time members of the Management Board, and a past President of the Institute of Health Service Management. He too had been following the MAS and its progress and is really quite interested in our work and was encouraging. He suggested in response to my enquiries as to whether the Institute would be a good place for placing the MAS. He thought that the Institute would respond quite positively to that sort of general idea. We had a long discussion about the information needs of General Managers which MS and I worked extremely well together I thought, where we expressed our different points of view although they overlap considerably. The meeting ended up with Mersey wanting us to respond as to how we would actually conduct a study. This is quite clearly in answer to the Kings Fund approach to the same sort of question where the Kings Fund, generally speaking, don't do a project, they merely encourage others to do it. A more extreme version of ourselves I thought. There were many other things which MS and I had to discuss. We heard on the

same day that PL had taken over as District Treasurer for Cheltenham, and as he is going to be our bank manager it seemed sensible for us to make our mark with him. We had forgotten (although we did it later on in the day) to send names of contacts for HC, the Features Editor of Health and Social Services Journal - as she is going to write an article about us.

14th May 1986

29.1. I have to arrange to return to Edinburgh to see the Chairman of Scotmeg and to have a chat to WT and his staff about planning. We also have to make arrangements for Mr H, who is visiting from Victoria State in Australia, who wants to be briefed about the National Health Service. He is coming to see me amongst other people. We have to get a proposal for Charing Cross out, which I have now subsequently written, and on Wednesday morning (14th May) it was necessary then to sort a few things out. I had a meeting with CB from LBMS, a computing consultancy, who was returning some literature on computing to me, and told me the glad tidings that Price Waterhouse nearly had their fees withheld for the exercise done at West Lambeth and I promised CB that I would follow that through to find out whether we can undertake any exercise in West Lambeth.

29.2. Shortly after that MH and I would have to leave to go to Exeter, where we are scheduled to set up a survey of where patients come from for radiology and a patient satisfaction survey for the radiology survey. So this will take most of the rest of the day.

29.3. In the evening we had a meeting concerned with the Ham Green Option Appraisal. Indeed Ham Green has been an overlay

feature for the entire week, because we have to make the presentation on Ham Green on Thursday 15th. All hell has been let loose in order to get ready for that meeting. As far as I can tell we have just about done it and on Wednesday we were supposed to sent the report out so that at least it could be read overnight, and eventually we managed to do this.

16th May 1986

31.1. Board meeting day. JC came at 11.30 am. We discussed a lot of tactics. The Board meeting itself was meant to be concerned with the future of the MAS, and we were trying hard to identify what our attitude should be towards other peoples opinion about the MAS and its work. There are various ways of looking at this problem. One is that one merely takes the clients view that they purchase our work, and it is of note that half our clients in the year came from outside the South West and were therefore not influenced by the underwriting issue. This would give people normal confidence for making progress in this year. The second is, that the work programme for the MAS already this year is about the equivalent of a total years works (about 800 days) and our target is 1,200 this year, but in order to reach that I have to engage more staff. So, all in all the picture would look perfectly reasonable, but the tactic is to try and satisfy what the Chairman requires from the MAS. Whether they are satisfied or not, and whether the Regional Chairman's meeting is of importance in this context and whether some form of "just got it alone" type of strategy would be the one which would ultimately succeed. So we thought we ought to formulate our views about that and progressed along those sorts of lines.

31.2. The Board meeting itself was an absolute catastrophic disaster

in that the Regional General Manager attended, and she put her point of view that either the MAS joins the Regional Health Authority or its gets shoved out to sea, which seemed to me to be admirable. Then the Chairman of Cornwall kept on insisting that the MAS was a ropy organisation even though the evidence, I think, would suggested the opposite. It was this sort of attitude by the Chairman of Cornwall which actually made my Chairman become furious to the point that he left the meeting. In retrospect the whole meeting was a farce because the Regional General Manager was sick. It was an absolute complete farce, and to cap it all only three voting members of the Board attended anyway. All this would suggest quite clear unambiguous signs that the MAS should just paddle its own little canoe and get on with it. And not be hassled by other forms of intervention, and not to be over-concerned. It is clear that the interest of the members of the Board has to be sustained through something, some sort of incentive in the same way that members of the team have to have an incentive. The incentive for the team is to do a good job, but when they have done it and then find themselves not being rewarded by the Management Board then the incentive for members of the team has to be considered again. I think it is fairly clear that the tactic here is that the rewards for doing good work come from the clients rather than the Management Board, and to play down the role and importance of the Management Board because in any sense it is obviously a complete farce now, and

one should not give it terribly much credibility.

31.3. The Board was a real disaster, and I felt particularly saddened from JB's point of view as it was her first attendance. She also had to look after CH, and she was hearing all sorts of weird things. Although I had prepared her I had not prepared her well enough to tackle the enormity of the variation, between normality and abnormality which was really what we were experiencing. And to cap it all JB got a letter in the mail which indicated that her salary was not right. That was just enough almost for me to promote her to Director, but I resisted that and decided to treat her salary matter in the cold light of another day.

31.4. So the Board meeting itself precipitated a number of different thoughts and tactics about the future of the MAS. It is clear that the MAS is in demand and is going to succeed. The question is how to proceed from the situation which we are in now. There are a number of answers. It could become a commercial organisation - a business in its own right. But then we would lose the street credibility as someone would suggest that we have gained because we have been in the system. We know what it is about and were functioning in a commercial world whilst being in the NHS, and this has a certain attraction to a large number of clients. So the straight commercial side of it is not necessarily the answer

for the MAS as a whole, even though it might be the answer for some individuals of it.

31.5. The next question was "Well, should one actually join a Region?" My feeling is that the Regions have not demonstrated that they are credible and that they are the right sort of basis in which an organisation such as ours could actually be located. Regions are propped up by an artificial desire, on the part of the Department of Health, in order to ask Regions question which they in turn have to ask Districts, so they become a sort of intermediary in the provision of health care. In my view, they have yet to demonstrate that they are a) credible, b) required, and c) capable of undertaking the job that they are supposed to undertake. And I have particular views about the South West, which I feel is particularly poorly managed and lacks any form of imagination and vision. It suffers from politics to a point which makes it inept.

31.6. Another approach is for the MAS to set up a Trust, and this is our preferred option because it keeps us within the health care environment and ensures that the non-profit making element, which is important, is visible by our clients. Our clients need to be assured that we are not ripping off the National Health Service, that we are actually trying to provide them with good value for money and that at the end of the day they can be proud of the fact that they supported an

NHS organisation. Finally, we could carry on as we are, but we are not exactly legal at the moment. It does concern me the longer we go on that we are not legal, and we ought to become legal.

31.7. The result of this is that we need to prepare a prospectus for the MAS, and try to attract some sort of financial base which makes sense, gives us security over a long period and keeps us within the National Health Service.

31.8. I have had a lot of thought about this and generally speaking need to chat to my partners in crime, which I would intend to do as soon as possible.

19th May 1986

32.1. Met with PW this morning in order to discuss some projects with him. PW used to be a Regional Medical Officer for North East Thames RHA, and moved to Frenchay Health Authority as General Manager exactly a year ago today, he was reflecting upon this when I met him. We talked at some length about projects, one of which is a management information systems project for which I agreed to write a discussion paper to help formulate some sort of ideas and proposals. The other was a review of Non-Emergency Ambulance Services to Frenchay Health Authority. It looked as though we might get some progress on both of these projects during the course of the year. I returned to have lunch with MS and AB, and then met with AB's tutor after lunch.

32.2. The rest of the day was very much concerned with writing up some outstanding papers on Ham Green, Körner, the Board and everything else.

32.3. We had a discussion in the evening with JC about the future options for the MAS, and have come up with the suggestion that we should not seek any underwriting from any health authority, and that we should paddle our own particular canoe. In this regard we have identified that we can insure ourselves for the orderly wind up of the MAS should things not go according to

plan. The discussion was most helpful and he agreed with the implementation of the corporate plan. So, we are now setting about developing the implementation of those proposals.

20th May 1986

33.1. I had a relatively clear morning which was then somewhat overturned by our first major disaster, which is the threatened withdrawal of contracting for the catering services in Bath Health Authority. I have had to try and decide how to tackle this problem, and it seems to me that we should be making progress on writing our report and drawing observations about standards and criteria which we judged the various options for developing catering services within the Bath Health Authority and making judgements about the future. I am obviously extremely concerned about this. It is an unhappy situation for everybody and somehow we have to retrieve the situation very quickly which is what I am going to set about trying to do over the next seven days or thereabouts.

33.2. I received a telephone call in the morning from the General Manager of Bath Health Authority, who thought our study on catering was hopeless, and was about to withdraw from the contract, so I stalled for time knowing that if we had a chance of talking to the guy we might be able to retrieve the situation. I did not believe that the catering project was poor and so there must have been some sort of problem in communications. Anyway he has agreed to a meeting with me at some stage in the next week or so.

33.3. I then set off to Bath to have my supervision session with IM, and we discussed this mornings' problem together with how the project for the PhD was actually progressing. I found this session to be particularly helpful and informative and I enjoyed the discussion with IM who is himself doing a similar type of project.

33.4. I then returned to Cheltenham and there unfortunately received another telephone call which I had to make to home, where my mother told me that my father had died in Manchester. This was quite unexpected and he was away from home, so from this point until the time I returned from dealing with the aftermath of the catastrophe, I have made no recordings at all.

2nd June 1986

34.1. Returned to the prospect of a meeting with AW at Bath to discuss the catering project. I attended this with MH and JA. I was feeling particularly awful on the 2nd June. The previous eleven days had been hell and I had travelled two and half thousand miles for one reason or another trying to sort everything out.

34.2. I decided to go on the attack with AW (General Manager) because I felt that the study on catering was going to turn out to be an extremely good one, and there was no point in me just accepting his comments and criticisms. As the meeting turned out he accepted our observations and we are able to continue and complete the study.

34.3. In the afternoon I had a long discussion with JA and MH about the next stages in the study to make it one of the best that we have ever done. Some attempt to try and finalise outstanding administrative matters was pretty awful but I felt much better after the meeting at Bath.

3rd June 1986

35.1. Today I have had a meeting with the Chairman and a visitor from Australia, who is a member of the State Parliament in Victoria and also the Chairman of the equivalent to our Social Services Committee. He had been put on to me by the Minister of Health in Victoria, as a person who understands how to measure what is going on in health services. The Chairman and I discussed performance measurement with him. I am feeling much better today after yesterday. Yesterday was also a meeting of the Chairman of Health Authorities and General Managers within the South Western Region, where the MAS was discussed. I was also keen to know what happened at that meeting. JC was able to tell me that nothing happened other than some Chairmen were quite clearly very enthusiastic about the MAS but that "good old" AC had put his oar in concerning us and generally speaking disrupted the meeting, making a complete hash and mess of everything, so nothing much happened as a result.

35.2. So, back to the Australian, whose name is S. He is a particularly laid-back Australian, most unusual man of his breed. We spent the morning with him talking about measurement. We also had lunch with him and MS, and hopefully we might get some assignments in Australia as a result of the discussion which we had.

35.3. We also heard today that we secured the project in Charing Cross, and so we have to plan that up and get going on it. We decided, in the afternoon, to sort out the backlog of administrative matters which have accumulated in my absence. Decision-making capabilities at this time are pretty well nil, although I am beginning to perk-up a bit. The future of the MAS is of major concern now, as well as making sure that the catering study and the radiological study come out good at the end of the day.

35.4. It is fairly clear that the MAS team is under a lot of pressure at the moment and that we have to plan our activity to ensure a lightening of the load. We have also been asked to tender for one or two projects which require a considerable amount of work in their preparation, and it looks as though someone is going to have to spend some time on this.

4th June 1986

36.1. Today I go to Wembley and Croydon to discuss Radiology Services with a couple of manufacturers, Picker International and Toshiba. Already this morning we have had a look through various things for Holland and working out what needs to be done for the Quality Assurance Workshop, and I am progressing quite well.

36.2. It is a nice sunny day for a change.

36.3. Travelled to London to talk to the manufacturers of X-ray and Diagnostic Imaging equipment in Picker International. They are located in Wembley. Proved to be quite an interesting discussion and very helpful in terms of identifying the different types of equipment and communication equipment which is needed to implement three models of delivery of Imaging Services which I have developed. Lunch at Picker International and then moved on in the afternoon to Croydon.

36.4. Croydon is a ghastly place to try and get to, and Toshiba was not very helpful. Now on my way home.

5th June 1986

37.1. Feeling really very exhausted after yesterday for some reason and got into work about 8.15 am. I have no desire to do anything this morning. Anyway I see that most things have been cleared like the Ethical Committee at Exeter have agreed the approval of surveys on patients and on consumers, and that we can now go ahead with that. So this morning I shall be just tidying up everything - yesterday's Radiology discussions, whatever has cropped up in the team over yesterday, before I set off to go to Keele, to meet Professor KL, to have a chat about collaboration. I think that collaboration is an important strategy for the MAS to adopt. I do not regard myself as being in competition necessarily with many other health service orientated organisations who have to survive. For instance, educational centres who undertake certain amounts of consultancy. So I do not believe we are in competition with them and I believe that the NHS is large enough to accommodate all the different interested parties. My interest in KL's outfit is because it is an academic one and might be a very useful balance to the MAS' practical side. In precisely what way the collaboration can take place I do not know, and it is a matter of speculative discussion.

37.2. Very good discussion with KL over lunch. We discussed collaboration between the MAS and his new centre. Particularly, we discussed the opportunities for sabbatical attachments, joint training programmes, and involvement of KL in advising on some of our projects. We also discussed some ideas concerning WHO which I was particularly interested in personally, as I feel now that I would quite like to participate in WHO activities, and anything that can help me to get more experience. Anyway on the trip back now, going down the motorway again.

6th June 1986

38.1. Arrived at about 6.30 am feeling still very groggy in the mornings. Whole list of things to be done today in terms of backlog. Got to have my car serviced, get some foreign money in order to go to Holland in a weeks time. We have to prepared a couple of information proposals, and a proposal on transport. I have to do something about the Quality Assurance Workshop. I have to prepare an outline for the Radiological study at Exeter. I have to write to DC about his future contractual arrangements. We have to sort out the annual report. On top of that, today I am meeting JW to talk about our publicity and I am meeting JH in the afternoon to talk about our educational programme. I have to get through this lot today and then I will have caught up. It is pretty heavy activity today.

38.2. I had a meeting with JW, in which we discussed the assignment to undertake some sort of media communications for the MAS. This particular session was all about gathering background material and getting to know the MAS. We also, as a team, discussed the role that JH might adopt as an Educationalist in the MAS team. This particular idea of developing education needs to be seen on the back of the consultancy work whereby we feed into an education programme the experiences which we have gained in our consultancy. I do not want the MAS to be

in competition educationally with established education centres, more that we try and identify gaps which others are not filling, and then try and ensure that these are plugged by the MAS itself. MS is particularly concerned that we should not add to the MAS load by employing someone who does not know anything about the National Health Service and so I was particularly keen on JH because, not only has she got NHS background by she is also an experienced educationalist. We had a lot of discussion within the team as to what this particular programme should look like, and we generally concluded that it would be worthwhile investing some money in this side of the business.

38.3. I then received a telephone call from AA making enquiries about contacts in New Zealand. I then needed to try and sort out the secretarial services within the office. It is becoming clear that we need to resolve the issue of how many secretaries we should have, and so I spent quite a bit of time talking to JB and SB about their particular roles and where we need extra staff and things of that sort. All of which has taken me up to lunch time.

38.4. After lunch I was trying to sit down to undertake some of the work that I wanted to do today, which was really to clear the backlog which was not being cleared at all. I was becoming

progressively more frustrated. JH arrived for an interview between GD, myself and herself where we discussed all the things that we were talking about in the morning. I agreed that I would appoint her from August on a salary in order to give her a good chance to establish some form of educational programme. I then left to have my eyes tested and come back to continue the discussion on education. Then MC arrived and we talked at length about Ham Green and the Ham Green presentation which is scheduled to take place on the 16th. I was also told by MS that I had to attend the Ham Green presentation on the 16th, which is a real nuisance because I was supposed to go to Utrecht, and so JB had to re-schedule the entire Utrecht visit which is now to take place later that week. This is going to cause difficulties in terms of picking up my mother, and trying to sort out some residual difficulties up there. Anyway, all this is a big mess. So today I have failed to complete everything that I set out to try and do. My backlog of work increased and I am beginning to get a little panicky about it, because I am not really feeling terribly fit in terms of interest in sorting things out. So I shall have to spend the entire day tomorrow to do some work.

38.5. Back to MC. I want him to undertake appraisal of the physical side of the Catering Service, and he has agreed to do this. This had to be completed by the end of June, so I need to

write up the specification for him, and to invite him to undertake the work.

38.6. After all that I went home.

7th June 1986

39.1. I seem to be losing track of a lot of time.

39.2. Today it is my intention to undertake the appraisal of some of the options in the Catering Study. To write some proposals on information, to finish off the correspondence which has accumulated over a number of things, and to prepare some sort of outline on Diagnostic Imaging Services for discussion on Monday. If I managed to do all this today then at least I will be able to have tomorrow off and try and get some more sleep.

39.3. Long discussion about options and option appraisal - very helpful day which has lasted all day. Also managed to do some work on Radiology, and prepared myself for Monday's meeting in Exeter.

9th June 1986

40.1. I set off at 7.00 am for Exeter in order to discuss the criteria for assessing Radiological Departments and Services with PG and with Dr M. PG spent quite a bit of time discussing the content of the study and produced some interesting observations about some of the things which should be included in the study. We spent two hours together followed by one hour with Dr M where we went through the criteria to be used for assessing the Radiological Services. I then spent 20 minutes with Mr I, General Surgeon, who sits on the Working Party and we discussed the general format for this part of the study. I found these meetings particularly helpful and now have a list of other people to talk to. I see the way more clearly in terms of judging the study.

40.2. I spent the rest of Monday sorting through the catering project, writing up the appraisal, and generally finishing things off.

10th June 1986

41.1. Today I intend finishing off the outline for the Diagnostic Radiology Study for discussion tomorrow. Then I moved on to prepare the information papers for the Mersey Region and for Frenchay Health Authority. I then had a look at some of the proposals that we have to prepare. We have to discuss how we are going to present the Quality Assurance Workshop. We also have to discuss how we are going to present the Ham Green report. So there is quite a lot to be done today.

41.2. It is pouring with rain. If anyone ever suggests England is a good place for summer they must be crazy!

41.3. Finally, I managed to write the papers on information. I started to put together the papers for the Quality Assurance Workshop.

41.4. I am going to go home (5.50 pm).

11th June 1986

42.1. I started about 8.00 am trying to prepare for this mornings meeting with the Chairman. JB has telephone in sick, so I put together bits and pieces in order to get the Chairman to agree on a paper to go to Chairman of Health Authorities at some stage over the next month. Then I had to leave for Exeter for a discussion on Diagnostic Imaging, and then back home to mother-in-law.

42.2. I had a meeting with the Chairman this morning. We were talking about the paper which is necessary for the Chairmen of Health Authorities. Then we discussed the reaction to the MAS which all round seems to be very favourable. We got a lot of support. What we have to do now is to crystallize that support and make it work to our advantage. So we spent quite a lot of time talking about that sort of thing and who should be Trustees, and what sort of principles we should adopt, and so on.

42.3. After the Chairman left I set off for Exeter in order to discuss Diagnostic Radiology. I had a long discussion with PG about various things. He is a sort of ponderous sort of bloke, and it takes a bit of time to go through everything with him. He tends to have the air of an absent minded academic, but nevertheless there were one or two useful things

emerging from this. But it took two hours, and two hours to get back to Cheltenham.

42.4. I rang mother up to see how she is getting on. She seems to be saying all the right things at the moment, but I cannot pretend that it is not a major concern as to what has been happening to her over the days.

42.5. We have been talking to AB to see if she will join the MAS. She seems to have the entire mixture of the right sort of characteristics - maturity, comprehension, understanding of the health service, extremely capable person, and she has agreed to join us for two days a week in July/August. This would suit us ideally I think, and so will proceed with that.

42.6. This means that the team is now broadening itself. We now have a good senior structure, and one could say with the addition of the educational side the comprehensiveness of the MAS has now almost been completed.

42.7. Earlier today I had discussions with RMN about various things. He was talking about the Ham Green presentation on Monday and also the tactics about the MAS and its future. He was most encouraging about possible links with the MAS to the Institute of Health Service Management, which I think is an ideal worthwhile exploring a bit further. Anyway I am off home - it

is now 6.05 pm and I will see what tomorrow brings.

12th June 1986

43.1. It is 8.10 am and I am feeling good. I am not going to take any decisions other than to decided to prepare some work and write some letters before everyone turns up at around 9.00 am.

43.2. 12.30 pm. I had my meeting with Professor IM and Dr DS. We were talking about short-term survival objectives and long-term survival objectives, and my decisions on the short-term in order to ensure that the days to follow are prepared properly, and that therefore the MAS survives on a daily basis. As well as my natural inclination to think in the long-term. Long-term prosperity for the MAS and its activities. Somehow we actually have to consider both types of survival time frames in the analysis. It has been suggested that I should now start reading about methodology and start considering about the data analysis and data collection - this I must do.

43.3. Met with Up Front after lunch in order to continue with our public relations exercise and to agree some press releases about the MAS. Then went on to the Bank to get some Guilders for the visit to Holland in a weeks time. Then I went on to the Personnel Department where there is a discussion about JB's salary. The Cheltenham people seem to have advised us wrongly and we have to sort it out. My principle about this

is that the individual employee is seldom if ever wrong, and therefore the employing authority has to right any mistake, and it does not matter how it is done as long as it is done. So that was settled. I have come back to the office to the fact that our secretaries are looking for work to be done. That can only be because everyone is out, and I have only just come back in anyway. So I will try and sort that out, and then try and do something about the Quality Assurance Workshop and get that sorted out as well.

43.4. I spent the afternoon preparing for the Quality Assurance Workshop - sounds very much as though I am catching someone's cold. Let's hope it does not develop. Anyway I have decided to go home early tonight (5.15 pm) and I have to go in to see MS on the way home as he is supposed to be coming to Edinburgh tomorrow morning.

13th June 1986

44.1. Set off for Edinburgh at about 6.00 am. I drove to Birmingham airport and caught the plane to Edinburgh. Feeling particularly unwell on this day, very tentative because JB and MS had gone down with a stomach bug, and that was the last thing I wanted to catch in mid-flight. Arrived at Edinburgh at about 8.15 am and waited for about an hour before catching a taxi in to discuss the idea of a health planning system for Lothian Health Board. This took place with Dr M and two other people together with WT, the General Manager of Lothian Health Board. We spent a good two and a half hours discussing things. My observation about Lothian was that it was very much like St. Thomas' in 1974, and it is trying to grapple with the problem of setting up a planning system where incrementalism has been seen to have relatively few hassles, as opposed to the structured way in which the Health Service deals with itself in more recent times.

44.2. There is obviously some ambiguity as to whether the concept of health planning was a good and sensible thing to pursue, given that it costs a lot and not much improvement can necessarily be perceived once health planning has been adopted. We discussed the various issues at length, and I am now in a position to undertake a study to help them establish a health planning system.

4.3. I then had lunch with WT and returned to the airport and waited around for a plane to take me home. The plane to take me home was quite a bit late and turned out to be one of these small little creatures with a couple of propellers, which eventually got me back to Birmingham at about 6.00 pm. I then drove home.

14th June 1986

45.1. In the office trying to put together papers for the Quality Assurance Workshop. This needs to be done today so that I can take the papers with me first thing on Monday morning when I go and attend the Ham Green presentation. As none of us had discussed the Ham Green presentation last week in any detail, Monday could turn out to be a bit of shambles. Presumably, I have got to prepare myself for it with all my papers and so on as I am doing the major presentation.

45.2. Anyway I am going to quit at 11.30 am as the sun is shining, and it is necessary to be out and about.

16th June 1986

- 46.1. I started work at 7.00 am in order to prepare for the Ham Green presentation at 9.30 am. MH was already in preparing for her week, MS and GD turned up about 7.15 am. The weather is very nice, and I am feeling quite well and we hope the presentation will go off alright.
- 46.2. At lunch time after the presentation I see MR to talk about the Quality Assurance Workshop followed by a meeting with JS, a former member of MAS, about leading some workshops in Hammersmith and a meeting with JH, a nurse from Southampton, to talk about manpower. Quite a heavy day one way and another.
- 46.3. This morning went well. I met MR at lunch time and we agreed the Quality Assurance Workshop content and came back from a chat with JH, who used to work with me at St. Thomas'. We also found that our public relations press releases have gained some interest and that we are following some of these up, which makes us have to re-think quite a lot of things in terms of what we want to get across in the media.

17th June 1986

- 47.1. It is 7.20 am. I came in to write the proposal on developing a planning system for Lothian Health Board. Later on today I am off the Exeter and then back to talk to a manufacturer about X-ray equipment. Feeling find today, do not know what decision I am going to make though. Lets wait and see.
- 47.2. The meeting of the Diagnostic Imaging Working Party discussed the problems the radiologist face in trying to limit the demand for their services, and as a result of that we did not get on to the business of weighting the different options that I put forward. The discussion, I thought, was very interesting and revealed some of the more sensitive aspects of the review. It also gave an insight into the difference between the older generation radiologists and the younger generation radiologists. The younger being more determined to try and curb the demand for services.
- 47.3. I returned to Cheltenham via Southmead where I was just picking up some kit we had left behind yesterday, to have a discussion with the representative from Siemens about Diagnostic Imaging. He was particularly helpful, because he was saying that the technology is not available to undertaken the sort of communication aspects that are necessary for Exeter. We spent a good hour talking about the insights into

the development of technology in different ways. This was the most helpful discussion of the whole lot.

47.4. Then I had a chat to RMN over the telephone about the Ham Green thing and he is panicking because the CHC and Action Group are all getting up in arms, which could not have been a surprise to anyone, but it appears to be a slight surprise to Bob. Anyway, our work has been praised by the Authority, so we will just have to ride the next storm.

47.5. It is now 5.50 pm and I would like to go home but there is still one hell of a lot of work to be done, so I will just have to plough through it.

18th June 1986

48.1. I started work at 6.00 am to write the proposal for Mersey Region on information. Very good morning, very bright. I am able to think reasonably clearly. This proposal is particularly important because DN, the Region general Manager, has been tipped to become the Chairman of the NHS Management Board, and so we need to ensure that this proposal is acceptable to him.

48.2. Got into work shortly after 9.00 am. Straight into discussion about computing and I am now trying to work up a plan for the implementation of the Riverside proposal for the review of Audiology and ENT. The rest of the day will be spent writing proposals and sorting out some internal matters such as computing.

48.3. This afternoon has been spent doing some correspondence followed by a session at the photographers for our publicity. I have also had a discussion this evening with MS about the fact that he wants to give up being Deputy Director in order to focus attention on projects co-ordination management, which is what I have been expecting for some time. I then talked to GD to see whether she was interested in becoming Deputy, and again I feel that her inclination is probably not to become

designated Deputy as it will not fit very comfortably with her. We also need to discuss our real feelings about the future of the MAS and what we should do. Not that we are at any particular crossroads, but it is sensible at this stage to get a common approach and a common idea about what individuals want to do as well as what we want to do collectively.

48.4. Tomorrow I go to Utrecht in order to talk to ER about the possibility of a Forum on quality assurance to take place next year. I also wanted to visit CBO to get the feel as to what CBO gets up to, so I can have greater understanding of the role of CBO in measuring quality, and then I fly back to Newcastle to pick up my mother. On Friday at 9.00 am I go to Carlisle to talk about a possible seminar for the MAS in the North West at some future date, and then I will spend the rest of the time with my mother dealing with my father's affairs, and then return to Cheltenham probably on Saturday or Sunday.

19th June 1986

49.1. Set off for Utrecht by catching the 7.30 am bus from Cheltenham to Heathrow. AB is coming with me. The purpose of the visit to Utrecht is to visit the CBO to talk to ER about a future Forum on quality Assurance following up the Forum which we had in AA in October last year. We eventually caught the flight at 11.00 am and were met at Amsterdam airport by a member of CBO and taken on to Utrecht. Here we had a brief introduction into the way in which CBO organises itself, in terms of the different approaches to quality assurance. This discussion went on for some time, and it was followed by a brief chat with ER about the plans for 1987. It became fairly clear that ER isn't particularly interested in another Forum, and that he would be pleased if nothing further happened. On the other hand, he was interested and indeed supportive of the original idea behind the Forum which was to get together a small group of clinicians from the United Kingdom and elsewhere for them to discuss issues of quality measurement. So we were left with the feeling that ER was not terribly keen to move ahead. On the other hand, he was going to try and discuss with the Americans the possibility of another Forum.

49.2. This was all in preparation for a teleconference with me on 24th June at 7.00 pm between the Americans, ER and myself.

49.3. So after that AB was taken to the plane and I went and had dinner with ER by a canal in Amsterdam. This was very delightful and then caught the plane to Newcastle, where I was met by my mother. On the following day I went to have a meeting with GB, who is the Personnel Officer of East Cumbria Health Authority, who is interested in the MAS putting on a seminar on the work of the MAS. We agreed that this would be a good idea and should occur really in the first few weeks of September, and GB is going to sound out some dates and let me know. The rest of that day was very much conducting family business which took me to Newcastle, and eventually back home and back into the office on Saturday just for a brief skirmish to see what was happening.

23rd June 1986

50.1. Am now at my desk at 8.00 am looking forward to the week which is going to include going to London today, writing up the X-ray report, writing up the catering report, undertaking the quality assurance workshop, participating in a teleconference and generally speaking having a pretty hard week. This week is crunch week in many respects because at least two of my projects have to come to a conclusion in the course of the week. The X-ray study which is going to be delayed because some people are away on holiday in Exeter which is a bit of a nuisance. And the catering study which really has to be ready in draft form by the end of the week.

50.2. At lunchtime set off for Hounslow to discuss possible seminar for consultants with the Training Officer there, and we suggested that we could put on an information workshop and I thought in terms of the workshops that we've already constructed and put on in Northern Ireland. After lunch and a general chat we then went on to Charing Cross where we briefed the people there on the study to review ENT and Audiology.

50.3. Returned to the office 6.30 pm.

24th June 1986

51.1. I came in at about 8.00 am to do some photocopying and the blasted machine won't work -Sod's Law. Anyway the rest of the day is going to be concerned with preparing to dictate these various reports that we have to do before the end of the week. I have a visit from JW to talk about the public relations profile for MAS and from Mr N from Picker International who is going to talk about some of the diagnostic imaging features, and I have a teleconference this evening with people in the United States concerning the International Forum for Quality.

51.2. Have to take the car to the garage so it can be re-sprayed.

51.3. This morning we had a number of discussions with people about the overall plans for the MAS, its programme which is very tight, and we need to ensure that everyone is allocated the proper amount of work.

51.4. Lunchtime MS and I discussed some of the things which may be going wrong inside the MAS. Not giving due consideration to individual professional needs, for instance, nor are we necessarily being cost conscious enough, and it seems to me that these sort of things can only be resolved through discussion, and that we need to set up a mechanism for allowing suitable discussion and debate.

51.5. This afternoon I am trying hard to clear the decks in order to work on the catering service and later on I shall have to do some photocopying.

25th June 1986

52.1. Started work this morning on the catering study and worked from about 5.30 until about 7.00 or thereabouts. Am now in the office at 8.15 and ahead of me today is a radio interview for Severn Sound - this is at 9.00 am. I shall try and spend the rest of the morning on finishing off the catering study. I have to leave at around 2.00 pm to get to Exeter for a working party on diagnostic imaging, and then back to continue some work in the evening. And so it goes on.

52.2. Left for Exeter at around 2.00 pm for a meeting of the working party on diagnostic imaging. When I got there we went through the weighting process in quite a lot of detail, for about three hours. We also discussed a short term move which some facilities are to make from Heavitree and the impact of these on diagnostic imaging. In view of the number of people that are away on holiday it's not going to be easy to finish this assignment in the sort of time scale I had in mind. So we have tentatively made a programme which takes us to the end of July.

53.3. Drove back and got home at around about 9.00 pm.

26th June 1986

53.1. I started work at 6.45 am trying to get this catering project out of the way. I am at the point of preparing standards and objectives for the service, and these require quite a bit of work which has yet to be done. I am unsure as to how to handle the process. I also have to do some teaching all day on quality assurance. I haven't yet prepared myself for that. I also have to prepare a proposal to review transport for submission by Monday. All in all I could do with every day this week in order to get all of this completed.

53.2. The quality assurance workshop which we are putting on today is for people who have the task of establishing quality assurance activities within Health Authorities, and we thought that we would bring everybody here today in order to just have a generalised discussion about the issues of quality measurement - we'll see what happens.

53.3. I spent the day on this workshop which went reasonably well, although the audience wasn't terribly inspiring, but it finished around about 4.00 pm and since then I've been writing a proposal to undertake a transport study in Argyll and Clyde, finishing around about 7.30 pm. MS, GD and I are going out to dinner in order to discuss the future of the MAS and what we should consider doing in the future.

27th June 1986

54.1. I started work at 8.00 am feeling fine, ready to work pretty hard. Last night went out to dinner with MS and GD, where I was systematically criticised for not providing the appropriate leadership to the MAS, taking decisions without consultation, and generally speaking not doing very well. There have been a fairly large number of these sort of events, they tend to occur at about six monthly intervals, often have some substance to it, although often substance isn't terribly great. These sorts of experiences are to be expected every now and again. They are nevertheless not exactly palatable, and one has to try and do something to address the problems that emerge. They were that SS and MH now feel that their place in the hierarchy has been put out of joint by the arrival of GD, and now that AB becoming a senior partner that SS and MH will in fact be relegated to a lower position in the hierarchy. SS particularly has felt that he hasn't been able to contribute to the decisions about the future of the MAS, and that this has led to a certain unhappiness, insecurity, which itself generates a feeling that I take decisions all on my own, which is, of course, what I'm paid to do. So not a very happy evening I guess, made worse by the fact that we are very heavily worked at the moment. We have to try and ensure that the path for the MAS is steady and developing.

54.2. Anyway today I must finish off the proposal to undertake the transport review in Argyll and then finish off the catering study.

28th June 1986

55.1. Yesterday was spent almost exclusively writing up the catering study and today, this morning at least, I'm going to correct it and make alterations so that it can be finally typed and put together on Monday. Today it really is very hot already - 9.15 am.

30th June 1986

56.1. 7.15 am. This is the day when the catering report has to be put together and sent out. We've worked all weekend to get the report into reasonable shape and now its a question of putting it all together. So lets get on with it.

56.2. Spent all day on this catering assignment and started to write the diagnostic imaging report. Going home at 6.25 pm. I also present during the course of the day a long discussion with SS about his unhappiness and tried to describe to him the way in which I manage the MAS and the sorts of decision I feel I ought to take, what I take them and when. Discussion went very well I thought.

1st July 1986

57.1. I started work at 7.00 am. I am checking through the diagnostic imaging report and proceeding on to write more about diagnostic imaging. I was also concerned with checking the catering study so that as soon as JB and the others come in they can get on with re-typing and making amendments. The rest of the morning will be concerned with the same two topics. Trying to get our draft report ready for me to take to Bath at around lunch time for discussion with the General Manager at 3.00 pm.

57.2. We finally wrapped up the catering report for me to take to AS at 3.00 pm. My tactic here was to get the report to him on the 1st July come hell or high water so no-one could complain that we had delayed and so we managed to get a draft to him by 3.00 pm. And surprise, surprise as I went through it I saw a number of different typing errors and such like, but that is inevitable if you have to do things very quickly.

2nd July 1986

58.1. I had to be in Exeter for about 9.30 am to talk about diagnostic imaging services. I spent a long time in the morning trying to clarify exactly what's expected in this study before the working party meeting at 12.30. Again it was really quite an interesting meeting. We are now I think breaking the surface of the issues and getting down to some details as to how things should actually move along. So it was very useful. Got back to Cheltenham at around 4.45 pm in order to talk through reactions to the catering study so far, and have a look at some of the mail and other things. Ready to have an early evening for a change.

58.2. Tomorrow is the Board meeting to discuss the financial arrangements for the MAS, yet again.

3rd July 1986

59.1. Another nice sunny day and off we go with the Board meeting.

Before that I need to sort out my lectures for next week as well as the activities which need to take place concerning diagnostic imaging in Exeter. Will also have to go out and purchase some booze for the Board meeting - a very important item.

59.2. The Chairman of the MAS Board arrived here at about 11.00 am and we discussed a lot of the detail behind the notion that the MAS should become a Trust. The argument for a Trust is that it retains our non-profit making concept, and keeps us within the framework of the NHS, and gives us, I think, a cutting edge against the competition. We discussed the general acceptability amongst health authorities for this idea and concluded that health authorities would be receptive to this. We received many positive vibrations from a lot of people, and so it seemed to us that this is the way forward. We went on and discussed quite a lot of the internal management issues of the MAS. Particularly our lack of financial control which is something we know can easily be put right, but because of the commitments of all members of staff at this time to assignment work and the heavy load that everyone is carrying it is not easy to ut in our new system which itself is dependent upon having the appropriate computer

equipment, about which we are discussing endlessly. But nevertheless, I found the discussion with the Chairman extremely valuable. He was pointing out some of the basic rules of the game which is not to compromise and not to do favours to people, but to actually be fairly rigid commercially, which I guess is an attitude which we are gradually developing. So we waited for other members of the Board to turn up and WM indicated that he had discussed with the Regional Chairman the notion of a Trust, and that in principle that is now accepted. So the Board meeting went without any form of conflict quite different to the previous Board meeting. We discussed some of the practical implications of setting up a Trust. These included such matters as contracts of staff, particularly my own, and that of MS as we are the only non-contracted members of the MAS. And we discussed such things as what to do with any surplus money which we may end up by having at the end of the two year experimental period, and whether we in fact should give it back to the underwriters, or whether we should credit it or what we should do. So the conversation during the course of the afternoon was very purposeful, positive and I thought really quite helpful, and at the end of the day I felt somewhat relieved that in fact the decisions about the Trust and so on, really went extremely smoothly.

59.3. Spent the rest of the time writing up the details of all this

in order to ensure that those that need to know will get to know about the decisions.

59.4. On a quite separate matter we are now putting together our digests and bulletins into a reference folder, and these are looking extremely impressive. Sooner or later we have to get them out into the field, into the post to general managers around the country. They look extremely professionally done, I hope they will have the desired effect on the service. All in all, its been quite a good day although I've been feeling extremely weak as a general reaction to just about every event that has occurred in the last six weeks. But beginning to perk-up now. The rest of the outfit is working very hard to complete the catering draft so that it can be printed overnight, so that we can actually get it off to the client tomorrow. Our client is coincidentally meeting the chairman of the NHS Management Board tomorrow on a catering issue and so its our tactic to try and ensure that he gets into his sweaty little palm a copy of our final report, so that he can shoot off back to London, read it, and think that the MAS is the best thing he's come across. All this makes for a pretty exhausting sort of day, and I in some senses look forward to tomorrow when I should be working on diagnostic imaging services for which there is one hell of a lot of work to be done. But first thing in the morning I have a visitor from New Zealand, who I have met on several occasions before, both

in New Zealand and here. I look forward to seeing him. And then in the afternoon I've got to discuss matters for the next conference of the MAS to be held in Harrogate in October.

59.5. So progress is being made. I should think everyone will be glad when they go on holiday at this rate, but nevertheless its quite encouraging that so much work can actually get done, finished, out.

59.6. We also got two new assignments today.

59.7. Managed to get away from here at about 8.30 pm. A tremendous effort has gone in to preparing this catering report so that it can be put into the hand of LP, Chairman of the NHS Management board today, today being 4th July, which as everyone knows in the United States a certain celebration takes place. I wonder if we'll have a celebration in the MAS today.

4th July 1986

60.1. So I now have various things to do. It's 8.20 am. It's now cool, it's no longer summer out there and today I will try and wrap up what the Board was saying yesterday, and trying very hard to get going with X-ray, because if I delay on this very much further I shall be in real trouble. So off we go.

60.2. Had an interesting meeting with Dr A, where we got up to date with what is happening in New Zealand, and that was then followed by me trying to re-write some of the papers for the strategy for the MAS.

60.3. 3.00 pm. I had a discussion with NM about conferences put on sponsored by the MAS. We agreed a programme in outline. I then gave a talk at 4.15 pm on the National Health Service, and now I'm beginning to fade away. I've just been working up a lecture for next week, which I have to give twice next week on planning - my personal views and thoughts.

7th July 1986

61.1. Set off for London about 8.00 am. Arrived in good time to give a talk to some Social Workers from Hammersmith Social Services. The talk was my personal perspective on planning and at the end of it some ugly girl apparently took some offence at the fact that I hadn't said anything about 'shes' in the whole of the talk. So I reckon that she's pretty unhappy. Left and got back to Cheltenham for 2.00 pm. This afternoon I must do quite a lot of work on diagnostic imaging in order to catch up for doing absolutely nothing over the weekend except enjoy myself - a terrible sin. Anyway so long as I can crack the nut this afternoon I shall be alright.

8th July 1986

62.1. Set off again for Hammersmith in order to give a lecture this morning, and arrived there at Charing Cross in good time. Lecture was pretty boring, the audience was not very responsive, so I left shortly afterwards in order to travel to Bristol, where I had discussions with our solicitor to consider all the issues around the establishment of the Trust, and to gain his agreement to act on our behalf, in terms of the Trust. That was very interesting because he started to challenge the basis on which we wanted to turn into a Trust in the first place. So we have lots more discussion to take place down there in Bristol. Then came back to the office in order to wrap up a few things, and discovered that we have approval to do the work in Edinburgh, and that we sold 9 copies of Phase which brings us in an income of £5000 which covers the development cost, and everything seems pretty OK at the moment. So I'll be going home in order to start writing up the diagnostic imaging report tonight, so that we can get some shape to it.

9th July 1986

63.1. Come in to do some work on Diagnostic Imaging Services. I am going to write something about the relationship between the MAS and the Institute of Health Service Management. To be prepared for discussion with RMN tomorrow at 8.30 am, and is the sort of paper on which we hope the future relationship with the Institute might take place.

63.2. The morning sort of flashed by, and I set off to Frenchay at around 9.15 am and discussed with PW the General Manager a study he would like us to conduct in looking at the way in which three mental handicap hospitals can decant their patients over the next ten years. This would be a large project, one which we could adequately do I think between October and November, and would be extremely interesting. Then went on to Exeter for a meeting with the working party on diagnostic imaging and tried to discuss the on-call arrangements, which are extremely sensitive to the staff there, who quite clearly to my way of thinking are ripping-off the Health Authority. Not exactly in a fraudulent way perhaps but almost. So we had a long discussion, I was keep there until about 3.30 in the afternoon, and then had the long trip back.

63.3. This evening I shall have to start writing up this report.

The delay in me doing it isn't helping anyone. So I shall do that, but things are looking alright. Bath Health Authority have accepted our report there. It is meeting their requirements, which is good way to end up, given all the trauma of trying to do that particular exercise and we are getting more and more studies added to the list. So its looks as though our year is now perhaps full. We shall see.

63.4. Tomorrow morning I will go directly to see RMN to discuss the presentation to the CHC on the Ham Green Option Appraisal, to take place in the afternoon. After seeing him I shall make my relatively slow progress towards Bath, where I have my monthly supervision session with Professor IM. After which I shall make my slow progress back to Southmead in order to attend this meeting with the CHC, and then back to Cheltenham after that.

10th July 1986

64.1. Just completed the meeting with RMN and we discussed my mother, I have to look after here. RMN has been through the same exercise himself. We also discussed Ham Green this afternoon to the CHC and how to handle those things. its fairly obvious to me I shall have to read this report again. My knowledge of it seems to have faded rather fast, and we also touched on the future of the MAS. The relationship between the MAS and the Institute of Health Service Management and in general terms had a very fruitful discussion.

64.2. Now I am just about to set off for Bath for my supervision session with my tutor, which is always good fun.

64.3. Had my discussion with Professor IM and Dr DS, in which we were talking about the next stage of this exercise which is really to start analysing all the data. This means I've got to get the data all typed up, and that's got to be done before the middle of August. The one point that emerged from the conversation is the need to analyse the concept of clarity. Clarity is a means of having specific direction, knowing exactly what you want to do, getting on with it, and believing you have the power to carry through your ideas without being diverted. We also discussed the concept of hurdles and how top managers seem to be on a continuous conveyor belt which

has hurdles on it. No sooner are you over one, you've got another and you keep going until you have to go on holiday to get away from it all. So that was quite a useful session.

64.4. Then managed to go to the CHC at Southmead Health Authority to do a presentation on Ham Green Option Appraisal. The projector broke and so it became an extremely boring afternoon. The meeting went on in the same way that CHC meetings tend to go on, which is not very lively. I managed to crawl back to Cheltenham around about 6.00 pm and off home. Tomorrow morning I shall be writing diagnostic imaging services report.

11th July 1986

65.1. Well now, today is going to be very much a sweeping up type of day of all the activities which havn't been done during the course of the week. This morning we have the Chairman coming in talking about papers to be sent to DHA Chairman, for their meeting about the future of the MAS. I think these papers should be really quite soft and the rest of the time I'm going to do some background work on assignments and how many assignments we have done, and that sort of thing.

14th July 1986

66.1. Went down to meet the Superintendent of the School of Radiology in Exeter first thing in the morning. She described the School, and how it functions, its budget and we had a look around the department. She showed me what she was up to. I then shot down the motorway at a great lick to try and meet MS at Plymouth in order to discuss with CM the DGM, some projects. In the end we had a very short period of time with CM, and spent most of the time with a couple of other guys who I'd never met before. We described what the MAS does and what it gets up to, and came away with a whole list of proposals which we could undertake at some stage. Then I shot back to Exeter in order to discuss diagnostic imaging services with PG, DMO, and he went through the first draft of the final report which I've produced. I then dashed back to Cheltenham to try and prepare for tomorrow, when I will be going off to London to give a talk all day on planning.

15th July 1986

67.1. I am travelling towards London, its about 8.30 in the morning.

I'm off to give a talk on planning to the Social Services department in Hammersmith. It's a beautiful day. Set off a little later than normal. Number one daughter was particularly naughty today, so required paternal correction. Anyway, let me speculate about the aspect of time and how time influences the way in which decisions are made. Over the last five weeks or so my time has been almost jammed packed and the time that I have has to be allocated in a variety of different ways. Sometimes things have to be done quickly which means that I have to work very hard and long hours in order to fulfil a timescale, and this it particularly in relation to projects at work, assignments of one sort or another. And then there is another aspect of time which is that I have to devote a lot of time to sorting our problems, whether they are staffing problems or whether they are family problems and so on, which actually require patience to undertake things slowly but in total is a lot of time. Over the last things I've had had types of activity to contend with, and they are in some senses in conflict. If I need to for instance, such as helping mother, listening to her and comforting her, then it reduces the amount of time available for the completion of assignments which themselves need to be done quickly. Similarly, if time for assignments begins to run out then I

have to reduce the amount of time available for dealing with things which require patience. Now there are a number of illustration of where this conflict has occurred in the last five weeks. For instance, I should have spent more time with mother it would seem to me, as she has quite clearly suffered by not having me to talk to. And yet that was partly deliberate in that she need to survive on her own, and also it was partly expedient because there are projects to do and all the routine things of running the MAS. Similarly, I didn't do any work on catering or on radiology over the whole of the last weekend because I needed to devote a lot of time to sorting out mother. The up-shot is that I am now in a real pickle about the radiology service, although I am sure I will be able to cope with it, and cannot devote enough time now to family matters. There are an awful lot of detailed things which have to be resolved. But such things as MNC's farewell, for example, is a direct conflict between whether to spend time saying farewell, or whether time has to be devoted to looking after family things. or indeed undertaking report writing. In a sense all of these different aspects are, of course, hurdles to be overcome on this progressive conveyor belt of hurdles. And always when one considers the use of time it seems to me that one is considering the trade-offs all the time. Well what benefit is there to people if I devote time to family matters now and business matters later. And it's these trade-offs that tend to influence very much the

decisions that I take at any moment.

67.2. Managed to get to Hammersmith in time for my lecture. This time there was a dog in the audience. Last time it was the feminist movement, which was critical of my presentation because I never mentioned a woman. So it was the dog league this time. Anyway I spent the rest of the day, well at least until 3.00 pm, at this workshop because I've been asked to write a report on the way in which the planning should be introduced to Hammersmith and Fulham. Its a bit of an extra and so could be an onerous task, and so I'm going to limit myself to three hours writing which allows about three hours typing, so that it can be contained within the fee rate. I managed to get home quite early, 5.30 pm, and then set about doing some more on diagnostic imaging.

16th July 1986

68.1. I intend to devote most of my time to writing the diagnostic imaging study today, ho ho! I've tried to do this every single day for the last month. And have not really managed to get terribly far. However, this time I think I'm beginning to see light at the end of a very long dark tunnel, but the first thing this morning I'm off to the Trust Branch of Lloyds to talk about investments, and to get some ideas of what to do on the family side of business. Then back to try and spend the rest of the day focusing in on diagnostic imaging so that I can actually, as it were, almost finish the study by Friday. I see that the profile stuff is ready and the survey analysis has been done at least preliminary which looks interesting. I think we probably have enough now to conclude this particular study. Anyway, here goes, and I'm feeling really quite alert today. Well, lets see how things progress.

6.15 pm

68.2. Well I managed to finish what I set out to do today. Although its been a struggle with trying to deal with some of the other outstanding matters before everyone disappear on their various journeys to different parts of the world. The diagnostic imaging report is now well on its way, though I shall probably re-write it several times. I'm about to go home and will

start to re-write the report later on tonight.

68.3. Tomorrow we leave early, (me and FGD) to go to Charing Cross Hospital for a lecture followed by going to Southend for a discussion about an option appraisal of their acute hospital sites, so I shall be out all day.

17th July 1986

69.1. Started work at 4.30 this morning, Heavens above! to re-write some of the diagnostic imaging stuff, so I can get it in the pipeline to meet the deadline. Well its just before 8.00 and I'm in the office now leaving stuff for typing today before setting off for London for a lecture at Hammersmith Social Service again, followed by off to Southend, to work up proposals for an option appraisal there. So continuing the very tight timetabling of the MAS we should be back really quite late tonight, I should imagine.

69.2. Left Southend at 8.05. Long and useful discussion in which we really probed the client about the option appraisal for Southend Hospital, but it showed us up as really quite a cohesive team. I though we showed that client that we knew exactly what we were talking about. Back in business tomorrow.

18th July 1986

70.1. Today trying to bring together some of the work of the week.

And consider what is to happen over the next two and a half months when people are away, combined with several proposals, lectures, reports, surveys and everything else all before lunch. After which I'm going to join the interviewing panel for Clerk typist.

70.2. We had a departmental meeting at 5.30 after which we celebrated MH's birthday.

19th July 1986

71.1. This is my first opportunity for about three weeks to actually sit down for a day to actually think about diagnostic imaging services. I'm not without company, JB is here and so is FGD. This tends to be a pattern in this place that someone is in almost every day of the week. Anyway it does give everyone a chance to actually catch up on the things we can't do during the week.

71.2. Right, well I've finished that and its now 3.35 on Saturday so I'm going to enjoy the rest of my birthday.

21st July 1986

72.1. Left at a ridiculous hour this morning, about 6.00 am in time to make a presentation on our transport proposal which were being presented to Argyll and Clyde Health Board. After which we, FGD and I, went off the Gourock to have lunch before catching the flight back. Not feeling too good today, I think I've caught a cold and so it was all rather an exercise and I was supposed to be driving up North this evening but have decided against it. Lack of sleep and cold are not good things to do long journeys with. Anyway, we will be setting off tomorrow. I think we did a good job of the presentation today. We tried to answer all the questions, and I think we impressed upon our potential clients that we actually did know what we were talking about. I was really quite pleased, but we will wait and see what happens.

23rd July 1986

73.1. Royal Wedding Day. Starting work on some of the outstanding proposals which we now have. Someone's turned up at the house to see mother, I don't know who it is - I'll have to go and deal with that.

28th July 1986

74.1. Started work bright and early. Prospect today was that I would shoot off to Exeter and enter into discussions of the final report on diagnostic imaging services. This was to be the culmination of a lot of work and I am not in a particularly positive mood about this, largely because I've had a little bit of a break and would quite like to carry on having a much longer one. Anyway, set off for Exeter at 9.15 am with FGD, and went straight in to a discussion on on-call with the radiographers. They naturally disagreed with everything that was produced in the report. Then had a meeting of the diagnostic imaging party who were clearly dissatisfied with the report, which gave me the opportunity to say that I actually wanted to write my own report, and not the working party's report. This they accepted, and so I was left with the task of actually writing it in double quick time. So I returned to Cheltenham at about 4.15 pm to begin the work of putting together my own report on diagnostic imaging services. As I am dictating it is now 9.10 and I'm just getting to grips with this revised report in the hope that I can get it to JB first thing in the morning, for her to amend and prepare and put together for presentation on Wednesday for the diagnostic imaging working party which meets again then.

29th July 1986

75.1. Well last night I worked until midnight to re-write the diagnostic imaging department report. This morning I was up bright and early to put the finishing touches to it, and then went on to get it in first thing for JB to have a shot at re-doing it. Went in about 11.00 and met JH to talk about her arrangements with us. After lunch worked a little bit on the Southend proposal which has to be ready by the 7th. Then came home after 6.00 pm. Another sort of normal day which is quite good. Managed to get through quite a bit of stuff, and still wondering about the Trust situation which was discussed yesterday by Chairmen in the Region. No doubt, I shall hear about that.

30th July 1986

76.1. Went down to exeter to present my version of the diagnostic imaging report. This went down very well as opposed to my previous effort, which was supposed to be an amalgamation of my own thoughts as well as that of the working party, which didn't go down at all well. But my own report went down really well. Everyone seemed to be very pleased with it, and no doubt it will be used. So at last that particular study has reached its conclusion and I think I've achieved what I wanted to do which was to examine imaging services from the point of view of determining what they should be like in the future. I found that very interesting. I think I learned quite a lot during the process of this particular review. Then returned to Cheltenham, did some work on preparing a proposal for Southend, and this too is likely to be a very large project if its accepted, which I jolly well hope it will be. It too will be extremely interesting and valuable. After that decided to go home round about 7.00 pm.

31st July 1986

77.1. 6.10 am. Up to get going today. I've really got a free day in which a number of things have got to happen. I've got to write and prepare a lecture on reviewing services for the elderly to be given to an audience of general managers in about a week's time, and it also today gives me an opportunity of catching up on other things which have occurred, before I go away for a couple of days at the beginning of next week.

77.2. Today is also my fifteenth wedding anniversary.